



JICHS Job Shadowing Agreement
February 29, 2012

(please print)

Student Name: Business Name:

Business Address: Site Supervisor Name:

Business Phone:

Career Cluster area of interest (from the SC Career Cluster chart): Beginning Time: \* Ending Time: \*

\*(must be at least 4 hours to be excused)\*

Career of Choice: Is this shadow experience related to your Career Plan? Y N

How?

The Teacher/Coordinator agrees to:

- 1. help students be aware of Career Resources at JICHS;
2. maintain students' shadowing records;
3. provide supervision and support to the student;
4. serve as a liaison between the student and employer.

Initial: \_\_\_\_\_

The Student agrees to:

- 1. show honesty, punctuality, courtesy, a cooperative attitude, proper health, grooming habits, professional dress, and a willingness to learn;
2. conform to the rules and regulations of the workplace in addition to the JICHS Code of Conduct;
3. knock on closed doors, do not chew gum, eat food, or bring friends while shadowing;
4. complete necessary forms promptly and report any problems to the teacher/coordinator or supervisor;
5. notify the shadowing site and JICHS if absent or late;
6. represent JICHS positively to the public - this will have an effect on whether the business will be willing to work with students again; and
7. complete and return all required paperwork for absence to be authorized as an excuse.

Initial: \_\_\_\_\_

The Parent/Legal Guardian agrees to:

- 1. be responsible for student's behavior at the shadowing site and school;
2. provide transportation for child; if an automobile is used for transportation, the automobile will be insured pursuant to the laws of South Carolina;
3. provide health or 24-hour school accident insurance for child (recommended);
4. give permission for child to receive emergency medical treatment in case of injury or illness and authorize the school to share information from child's emergency card to the shadowing site if medically necessary;
5. release the business from responsibility should an accident occur;
6. give permission to the District for all still photographs, videotapes, or audio recordings taken of my child to be used in whole or part;
7. give permission to the District to collect data on child's experience for use in scholarly reporting; and
8. understand that school personnel will not be present when student is at the site.

Initial: \_\_\_\_\_

We the undersigned agree that we have read and understand the purpose and intent of this agreement.

Student Signature: Date:

Parent/Guardian Signature: Date:

Parent/Guardian Phone/ Home: Work: Cell:

Any medical condition:

This form must be returned by Feb. 22, 2012 to the JICHS Main Office.