

# Job Shadow

## **STUDENT GUIDE**

Bring this information with you to your job shadow

### JOB SHADOW CHECK LIST

- Attend job shadow presentation by Career Outreach Specialist on: \_\_\_\_\_
- Request job shadow through Career Outreach Specialist or a personal contact by: \_\_\_\_\_
- Completely fill out and turn in “**Job Shadow Employer Information**” form by: \_\_\_\_\_
- Contact employer to set a date and time for the job shadow by: \_\_\_\_\_
- Have parents sign “**Job Shadow Agreement**” form and turn into teacher by: \_\_\_\_\_
- Have parents fill out and sign “**Job Shadow Parental Consent and Medical Authorization**”. On the back of this form is an “**Employer Verification**” form that the employer will complete the day of the job shadow. **Parents must go through the proper channels to excuse your absence from school** if your job shadow is on a school day. You are responsible for your own transportation to and from the job shadow.
- Have the following items with you on the day of the job shadow:
  - Classroom assignment
  - Job Shadow Student Guide
  - “**Job Shadow Parental Consent and Medical Authorization**” & “**Employer Verification**” forms
  - Pen and paper to take notes
- The employer must complete and sign the “**Employer Verification**” Form. *This form must be turned in to your teacher so that your absence is excused.*
- Write a **Thank-you Letter**. Put the letter in an unsealed, addressed and stamped envelope and turn it in to your teacher by: \_\_\_\_\_
- Complete job shadow assignment by: \_\_\_\_\_

### **ROLE OF THE STUDENT**

- Demonstrate the desire to explore career options, personal skills, and attributes.
- Willing to develop a personal action plan to improve education and skills.
- Ability to work with persons of different educational, economic, cultural, religious and ethnic backgrounds.
- Participate in preparatory activities conducted by the school or workplace.
- Follow all safety and security policies and procedures of the employer.
- Willingly participate in all activities structured by the Workplace Host.

### **ROLE OF THE JOB SHADOW HOST**

- Show a desire to work with students and introduce them to the positive aspects of work.
- Able to communicate openly and in a nonjudgmental fashion with students.
- Want to invest in a student's current and future career path.
- Able to work with persons of different educational, economic, cultural, religious and ethnic backgrounds.
- Capable of linking learning to earning.
- Spend approximately one hour reviewing materials and planning in preparation for the day.
- Dedicate part of the workday to the student and remain available to that student during the visit.
- Give visiting students explanations of workplace safety and security policies and procedures.
- Help students understand skills needed for the job.
- Demonstrate and explain effective work methods.
- Complete a Workplace Host Evaluation Form upon the conclusion of the visit.

### **Student Reminder:**

- Bring this student guide with you to your job shadow.
- Bring a snack and/or lunch with you to your job shadow.
- Dress appropriately for the workplace you will be job shadowing.

## IMPRESSIONS MAKE A STATEMENT

Appearance + Attitude + Manners

### APPEARANCE

Someone with a good appearance looks fresh, clean, and confident. A good appearance has nothing to do with the brand labels on your clothing or good looks.

- Dress in the clothes that you would wear on the job. For example: executives should wear suits; healthcare or office staff people should wear business clothing; and construction workers should wear work clothing.
- Be sure that your clothes are neat, clean, and wrinkle free. Wear conservative colors – blues, grays, and browns are preferred. Be sure that your shoes are clean and shined.
- Avoid trendy fashions, patterns that clash, and bright colors.
- Avoid excessive jewelry and make-up.
- Avoid strong perfume or cologne.
- Never wear a hat, tank top, shorts, jeans, or sandals.
- Never chew gum or eat candy.
- Cover any tattoos or piercing and clean your fingernails.
- Turn cell phones off and leave cell phones and I-pods in the car.

***Remember... Your attitude is reflected in what you say and how you say it!***

#### **Employers look for employees who:**

- have good eye contact
- have an honest and genuine smile
- are enthusiastic and motivated
- are excited about coming to work
- sit up straight in their seats
- ask questions

## JOB SHADOW DAY ON-SITE ACTIVITIES AND MATERIALS

### Student Activity: Conducting an Interview (Optional Assignment by Teacher)

1. What is your job title?
2. What are your responsibilities?
3. What is a typical day like for you?
4. What do you like the most about your job? What do you like least about your job?
5. Why did you select this type of work?
6. How much education do you need for this job?
7. Do you need more job training after you have completed your education?
8. How important are reading, writing, math and listening skills for this job? Which skills do you use daily?
9. When do you need to use effective speaking skills to get your job done?
10. Do you ever have to work in teams on your job?
11. What kinds of problems do you solve on the job? What skills do you need to solve those problems?
12. What did you learn in school that helped you the most on the job?
13. What do you wish you had studied more in school?

**POST-JOB SHADOW STUDENT REFLECTION ACTIVITY  
(Optional Assignment by Teacher)**

Now that you have completed your Job Shadow experience, take some time to reflect on what you observed today and how it might affect your plans for the future.

1. What were the title and responsibilities of your Job Shadow Host?
2. Which parts of the job were of interest to you?
3. Which parts of the job would you find boring?
4. Would you consider a career in this field? Why or why not?
5. What surprised you most about what you learned, heard or observed today?
6. What knowledge and skills are you learning in school that will be used on the job?
7. What knowledge or skills do you need to strengthen to be successful on the job?
8. Did any other ideas for careers come to mind today?

**THANK-YOU LETTER**  
**(Required)**

A thank-you note is the expected form of appreciation in many families and cultures. It is considered common courtesy to send a thank-you note to individuals.

The same is true in the business world. People like to be thanked for their time and effort. Your job shadow host volunteered their time for you to be able to go into the workplace. They invested their personal time in preparing activities and demonstrating job skills because they care about your future. The hosts still had to meet their own job deadlines. A thank-you note will show your appreciation. It also builds good relationships with the workplace so other students will be invited back for a job shadow in the future.

1. Your letter will be one to two paragraphs long and should include no more than three short messages, such as:
  - a. Thank you for your time....
  - b. The most important thing I learned was....
  - c. What I enjoyed the most was....
2. End your letter with either “thank you” or “sincerely” and then sign your name
3. Put your letter in an envelope that is stamped and addressed. *Do not seal the envelope.*
4. Give your thank you letter to your teacher to read and approve. Send it immediately.

NOTES





**JOB SHADOW PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Primary Contact Person (Name/Phone Number): \_\_\_\_\_

Secondary Contact Person (Name/Phone Number): \_\_\_\_\_

Doctor (Name/Phone Number): \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Your son/daughter has been invited to attend a Job Shadow experience at a workplace. He/She has been assigned to an employer, who will lead them through a position in the workplace. In order to participate, your child must return this consent form prior to the date of the job shadow. The employer must have a copy of this Consent Form the day of the job shadow.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**JOB SHADOW HOST VERIFICATION**

Company Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Signature \_\_\_\_\_

The following student, \_\_\_\_\_ attended a job shadow from the hours of \_\_\_\_\_ on this date \_\_\_\_\_.

**Please rate the following on a scale of 1 to 5: (1 indicates strongly disagree and 5 indicates strongly agree)**

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| I reviewed the Job Shadow Student Guide to prepare for the job shadow. | 1 | 2 | 3 | 4 | 5 |
| I was at ease interacting with my student throughout the day.          | 1 | 2 | 3 | 4 | 5 |
| The student was prepared and enthusiastic.                             | 1 | 2 | 3 | 4 | 5 |
| The student asked many questions and took notes.                       | 1 | 2 | 3 | 4 | 5 |
| I would be willing to host another job shadow in the future.           | 1 | 2 | 3 | 4 | 5 |

**Additional comments:**

***Student absence will be excused after this form is completed and returned to the teacher.***

Student: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Class, Period: \_\_\_\_\_  
 Teacher: \_\_\_\_\_

Casa Grande High School  
 Valarie Alston  
 College and Career Center Outreach Specialist  
 707-778-4690

Petaluma High School  
 Christine Stoll  
 College and Career Center Outreach Specialist  
 707-778-4857



**The next 4 pages concern transportation. Please complete and return to your teacher.**

**PETALUMA CITY SCHOOLS  
TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES  
FOR A SCHOOL CURRICULAR PROGRAM ACTIVITY**

Student Name: \_\_\_\_\_ Class/Cluster: \_\_\_\_\_

Will be serving in one of the programs listed below as part of his/her curricular program\*:

\_\_\_\_ Internship                      \_\_\_\_ Leadership                      \_\_\_\_ Senior Project  
\_\_\_\_ Independent Study              \_\_\_\_ Community Service              \_\_\_\_ Field Study              \_\_\_\_ Other

\*not to exceed a 30-mile radius of the school

Supervising Teacher(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**PROJECT:**

Locations(s): \_\_\_\_\_

Address (es): \_\_\_\_\_

Phone: \_\_\_\_\_ Supervising Adult’s Name: \_\_\_\_\_

Goal/Purpose/What student will be doing: \_\_\_\_\_

Student will be participating in service:

Beginning time: \_\_\_\_\_

Ending time: \_\_\_\_\_

Date(s): \_\_\_\_\_

Teachers may have individual expectations regarding attendance for service days (see attached if applicable).

Mode of Transportation: Bus \_\_\_\_\_ Vehicle \_\_\_\_\_ Vehicle \_\_\_\_\_ Other: \_\_\_\_\_  
*(Parent) (Student)*

Student drivers and their passengers are required to submit a signed parental permission form to drive or to be a passenger in a student-driven vehicle. **This provision does not apply to field trips; only to on-going** trips to a location within a 30-mile radius of the school that is part of the student’s curricular program. Appropriate forms must be on file with the teacher and school administration before the above designated experience begins.

I have reviewed all of the above information and any required forms:

- Parent Authorization for Medical Treatment for Adult Supervisor (required)
- Parent/Guardian Permission for student passenger in vehicle driven by another student or adult (required if your student will be transported by someone else) and I attest that they have been completed accurately. I understand that all Petaluma City Schools behavior and academic expectations are in effect when students are off campus as part of this program. I give permission for my student to participate in this service and find the arrangements for participation in this curricular program activity to be satisfactory.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

Parents should keep a copy of this document to locate their student in an emergency.



PETALUMA CITY SCHOOLS
TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES
FOR A SCHOOL CURRICULAR PROGRAM ACTIVITY

On occasion, students in our schools will participate in activities or situations when private vehicles must transport them. If your child is participating in a curricular program activity, you are to read the following conditions that will need attention for arrangements of this nature.

Please fill in "Yes" to the situations that pertain to your son/daughter.

I understand that this is not a school district field trip, but an ongoing curricular program activity and that student(s) will ride with other students or drive themselves.

My son/daughter has their driver's license (go Section II)

My son/daughter is (either A-underage or B-has no drivers license and will not drive to school this year.) If they obtain a license, I as a parent will take responsibility to update this form. (go Section III)

Section II:

I understand that existing law has restrictions regarding new drivers for the first twelve (12) months. I, as parent, will enforce this with my son/daughter.

If your son/daughter is going to drive - proof of insurance is mandatory. Please see attached example, which details coverage. Attach a copy of your policy showing this coverage with this form.

Section III:

I certify that it is okay for my son or daughter to ride with another student driver to the curricular program activity.

Section IV:

By granting permission for my student to drive or ride with another student for a school curricular program activity, I do hereby waive all claims and hold harmless the Petaluma City Schools, its board of trustees, employees, volunteers and agents for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this activity.

Student Signature

Date

Parent/Guardian Signature

Date



PETALUMA CITY SCHOOLS
TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES
FOR A SCHOOL CURRICULAR PROGRAM ACTIVITY

STUDENT DRIVER CERTIFICATION

STUDENT INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_
Driver's License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Provisional Driver's License: \_\_\_ yes \_\_\_ no If yes, date of end of Provisional License status: \_\_\_\_\_
Curricular Program Activity: \_\_\_\_\_

VEHICLE INFORMATION:

Name of Owner: \_\_\_\_\_
Address: \_\_\_\_\_
Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ License Plate: \_\_\_\_\_
Registration Expires: \_\_\_\_\_ Seat Capacity: \_\_\_\_\_ No. of Seat Belts: \_\_\_\_\_

INSURANCE INFORMATION:

Insurance Carrier: \_\_\_\_\_
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Liability Limits of Policy: \_\_\_\_\_ Medical Coverage of Passengers Yes No
(circle one)

District requires a minimum of \$100,000/\$300,000 Bodily Injury, \$50,000 property damage, or \$300,000 Combined /Single Limit of Liability, Uninsured Motorists coverage, and Medical Payment coverage of not less than \$5,000.

Name of Agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\*\*\*\*\*

PARENT CERTIFICATION STATEMENT

- I hereby give my permission for the student named above to serve as a volunteer driver.
I certify that the student listed above has not been sited for reckless driving or being under the influence of drugs or alcohol.
I certify that I understand and agree to comply with DMV restrictions connected with a provisional driver's license. (VC12814.6)
I certify that the information given above is true and correct and that I have read the District's Driver Instruction Form (see back). I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If any changes occur in the categories above, a new Student Driver Certification Form must be completed.

**PETALUMA CITY SCHOOLS  
TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES  
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**DRIVER INSTRUCTION**

Vehicle Safety: As an owner/driver of a car transporting students, you are responsible for providing a safe vehicle in excellent condition and repair, including the following:

- Minimum tread on tires (not bald or worn)
- Working horn, lights turn signals, mirror
- Normally operating engine
- Normal mechanical systems, including suspension steering and brakes
- Seat belts for all passengers
- Appropriate spare tire, flares

Student driver has met all the legal requirements for possessing a driver’s license and has an excellent driving record.

The car being driven has working seat belts for each person being transported. The driver certifies that all passengers will be restrained using the appropriate passenger restraint systems. (Child car seat, booster seat, and/or safety belts). Furthermore, children age 12

The driver accepts the added responsibility that comes with carrying students, and therefore is more conscious of all driving rules and regulations set forth by the state of California.

I understand that my [owners] vehicle liability/medical insurance is primary in case of an auto claim and that if the limit of liability under my policy fails to satisfy the legal liability involved there is no excess or secondary coverage provided by the District to a volunteer or student driver.

In case of an emergency Driver agrees to keep all passengers together and call 911, the appropriate school and the district office.

I certify that the information given above is true and correct and that I have read the above terms and conditions thereof and will advise the school during the year if this information changes:

\_\_\_\_\_  
Signature of Student Driver as Listed Above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing School Agent or Activity Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent/Owner

\_\_\_\_\_  
Date

***TEACHERS: BE SURE THIS FORM IS COMPLETE AND KEPT ON FILE AT THE SCHOOL***

**JOB SHADOW AGREEMENT**

**STUDENT NAME:** \_\_\_\_\_

**Student Responsibilities:**

1. Participate actively in the experience, asking questions, paying close attention to what is said and demonstrated, and take notes.
2. Complete all assignments; including sending a thoughtful thank you letter to the employer.
3. Observe all safety rules and adhere to host industry’s policies, as well as the school districts policies.
4. Adhere to proper behavior guidelines and dress appropriately for the experience.
5. **ATTENDANCE FOR THE EXPERIENCE IS MANDATORY.** You must notify the school, business, and the Career Tech if you are unable to attend this job shadow. **FAILURE TO ATTEND (WITHOUT NOTIFICATION) WILL RESULT IN AN UNEXCUSED ABSENCE.**

**Parent/ Guardian Responsibilities:**

1. Encourage your child to be an active listener during the experience and to discuss what he/she saw and did at the work site.
2. Make sure your child is dressed appropriately for the work world.
3. Provide transportation to and from the site.
4. Ensure that your child participates in the experience and completes necessary assignments.

**Yes No** I grant permission for my son/daughter to travel using his/her own vehicle.  
**Insurance Company & Policy Number:** \_\_\_\_\_

**Yes No** I grant permission for my son/daughter to be photographed while participating in the experience.

**Yes No** I grant permission for my son/daughter to receive emergency medical treatment.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Written Name**

\_\_\_\_\_  
**Date**

- **Return this completed form to your teacher.**

**JOB SHADOW EMPLOYER INFORMATION FORM**

**Job Shadow Acquired Through:**  Career Outreach Specialist  Personal Contact

Name of Company: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title or Occupation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

**Date and Time of Job Shadow:** \_\_\_\_\_

**Teacher Approval:**  Approved  Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

- **Return this completed form to your teacher**
- **Your teacher will forward a copy to the Career Center**