Job Shadowing

E-card a Friend

Wakefield High School Job Shadow Program

www.jobshadow.org

Contact: Barbara Wiggins, Career Development Coordinator

bswiggins@wcpss.net 562-3657

Name_____

Phone_____

Address_____

Email_____

Parent/Guardian_____

Are you currently employed? Yes_____No_____If yes, where?_____

Who will provide transportation? Student driver_____Parent_____

Identify three careers you would be interested in:

1_____2_____3_____

State briefly the reason you are interested in participating in this program.

Do you know someone you would like to shadow? Name_____

Company_____Phone/email_____

I understand that I must provide my own transportation to and from the shadowing site. I must be on time, polite, courteous, and act in a professional manner. I must have parent permission, and will complete a post-shadowing evaluation.

Student signature_____Date_____

Parent signature_____Date_____

Return to ___Ms. Wiggins_____ by _____