

## **Connect A-F Jobs**

The opportunity to job shadow can not only be fun and expose you to new experiences, but it can be life changing and inspiring. Your time and effort planning before the job shadow is very important to get the most out of it. Job shadows may lead to more than just information, they may lead to internships, part or full time jobs, and other career leads.

Please start this process realizing the adult and the company that is collaborating with you is taking company time and providing personal assistance to you and your school.

You will be making a connection with professionals and the first impression the individuals get of you is critical. In addition, you want to present yourself in the best light, please remember that you are also being seen as a representative of Adams-Friendship High School.

Your preparation and interactions may influence this professional and how their company accepts other students for job shadows.

While of course students can always organize a job shadow on their own, we believe that following the suggestions in this packet and sharing this information with your teachers and other adults helping you with academic and career planning will maximize the experience.

**Please take time to thoroughly read through this packet for advice and planning tips.**

- 1. Suggestions page**
- 2. Confirmation page**
- 3. School Permission form**
- 4. Parent Transportation form**
- 5. Student Transportation form**
- 6. Student Role and Expectations page from DPI**
- 7. Student follow-up reflection form**
- 8. Supervisor follow-up response form**

## **Suggestions for Setting Up a Job Shadow:**

- \_\_\_ Look over the Job Shadow Packet.**
- \_\_\_ Talk to staff and family about possible places and professionals to provide an introduction.**
- \_\_\_ Research the company you are interested in job shadowing.**
- \_\_\_ Prepare a simple, 1-page resume highlighting your strengths and interests in this field.**
- \_\_\_ Write a cover letter to be mailed or emailed with your resume when you request an opportunity to job shadow.**
- \_\_\_ Record contact info on Confirmation sheet.**
- \_\_\_ Prepare Questions and practice.**
- \_\_\_ Complete all permission forms provided**
- \_\_\_ Arrange your transportation with your family.**
- \_\_\_ Continue to research company and career clusters.**
- \_\_\_ Complete job shadow.**
- \_\_\_ Give Supervisor the form to complete and send back to school.**
- \_\_\_ Discuss information from job shadow with teachers and other adults at school and in your family.**
- \_\_\_ Send a professional thank you note to the person you shadowed.**

# Job Shadow Confirmation Sheet

Adams-Friendship High School

Reminder for: \_\_\_\_\_

Date: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_

Place of Job Shadow: \_\_\_\_\_

Directions to site:

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Any special dress code:

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Lunch arrangements: \_\_\_\_\_

Phone number to use in case plans need to be changed: \_\_\_\_\_

Helpful Hints:

\*Don't forget to arrange your transportation to and from the job shadow site.

\*If you are at the job shadow site over the lunch hour, ask if you should bring a lunch or lunch money.

\*Review your interview questions before you go.

Have fun and good luck!

# Job Shadow Permission Form

Adams-Friendship High School

Job shadowing is an opportunity for students to spend a day, or part of a day, on the job with a person who works in an occupation in which he or she is interested. This experience can be an important step toward career planning and graduation. The student and his/her family is responsible for all organization and transportation related to this job shadow and the student will be responsible for all schoolwork missed during this experience.

Thank you for your cooperation.

Student Name: \_\_\_\_\_ Grade: Jr/Sr

Job Shadow Experience: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place/Location: \_\_\_\_\_

## **Counselor/Coordinating Teacher**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

## **Signatures of teachers from classes you will miss when job shadowing.**

Block 1 \_\_\_\_\_

Block 2 \_\_\_\_\_

Block 3 \_\_\_\_\_

Block 4 \_\_\_\_\_

Block 5 \_\_\_\_\_

Block 6 \_\_\_\_\_

Block 7 \_\_\_\_\_

Block 8 \_\_\_\_\_

Office given notice of absence? \_\_\_\_ Yes Date \_\_\_\_\_

# JOB SHADOW TRANSPORTATION LIABILITY RELEASE/WAIVER

## PARENT/GUARDIAN FORM

Acknowledgment of Student-Provided Transportation to Adams-Friendship School District Job Shadow Experience.

1. I/We, \_\_\_\_\_, understand that my/our son/daughter, \_\_\_\_\_, will be participating in the Adams-Friendship School District Job Shadow Experience, in conjunction with \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_ (Parents'/Guardians' Initials)
2. He/She will be participating in this program on the following date: \_\_\_\_\_. The hours of his/her participation are \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_ (Parents'/Guardians' Initials)
3. I/We understand and consent to our /my son/daughter transporting himself/herself to and/or from \_\_\_\_\_ for the above-described job shadow experience.  
\_\_\_\_\_  
\_\_\_\_\_ (Parents'/Guardians' Initials)
4. Based on the information stated above, and my/our understanding of the issues, which I/we have signified by initialing above, I/we understand and agree to hold the Adams-Friendship School District harmless and waive my/our rights to file a claim, pursue legal action against, or seek financial relief or reimbursement from the Adams-Friendship School District, its Board members, employees, and volunteers associated with this program, for damages arising out of my/our child driving himself/herself to and/or from the business listed above in line #3.  
\_\_\_\_\_  
\_\_\_\_\_ (Parents'/Guardians' Initials)
5. We affirm that our son/daughter has a valid driver's license and that no more than one minor moving violation and no major moving violations appear on his/her motor vehicle record (MVR). We understand and agree that MVR activity exceeding the levels previously described will result in our son/daughter losing the privilege of driving him/herself to and/or from the business listed above in line #3..  
\_\_\_\_\_  
\_\_\_\_\_ (Parents'/Guardians' Initials)
6. We affirm that the vehicle our son/daughter will be using to transport himself/herself to the above-described school-to-work experience is, at all times during this work experience, insured by an automobile policy, which provides no less than the following liability limits: \$100,000 per person for bodily injury, \$300,000 for bodily injuries sustained by all people injured as the result of the ownership, use or maintenance of the aforementioned vehicle, and \$100,000 for all property damage caused by the use of the aforementioned vehicle.  
\_\_\_\_\_  
\_\_\_\_\_ (Parents'/Guardians' Initials)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher/Coordinator \_\_\_\_\_ Date \_\_\_\_\_

# JOB SHADOW TRANSPORTATION LIABILITY RELEASE/WAIVER

## STUDENT FORM

Acknowledgment of Student-Provided Transportation to Adams-Friendship School District Job Shadow Experience.

1. I, \_\_\_\_\_, understand that I will be participating in the Adams-Friendship School District Job Shadow Experience, in conjunction with \_\_\_\_\_.  
\_\_\_\_\_ (Student's Initials)
2. I will be participating in this program on the following date: \_\_\_\_\_. The hours of my participation are \_\_\_\_\_.  
\_\_\_\_\_ (Student's Initials)
3. I understand that my parents/guardians have consented to allowing me to transport myself to and/or from \_\_\_\_\_ for the above-described work experience program.  
\_\_\_\_\_ (Student's Initials)
4. Based on the information stated above, and my understanding of the issues, which I have signified by initialing above, I understand and agree to hold the Adams-Friendship School District harmless and waive my rights to file a claim, pursue legal action against, or seek financial relief or reimbursement from the Adams-Friendship School District, its Board members, employees, and volunteers associated with this program, for damages arising out of me driving myself to and/or from the business listed above in line #3..  
\_\_\_\_\_ (Student's Initials)
5. I affirm that I have a valid driver's license and that no more than one minor moving violation and no major moving violations appear on his/her motor vehicle record (MVR). I understand and agree that MVR activity exceeding the levels previously described will result in me losing the privilege of driving myself to and/or from the business listed above in line #3..  
\_\_\_\_\_ (Student's Initials)
6. I affirm that the vehicle I will be using to transport myself to the above-described school-to-work experience is, at all times during this work experience, insured by an automobile policy, which provides no less than the following liability limits: \$100,000 per person for bodily injury, \$300,000 for bodily injuries sustained by all people injured as the result of the ownership, use or maintenance of the aforementioned vehicle, and \$100,000 for all property damage caused by the use of the aforementioned vehicle.  
\_\_\_\_\_ (Student's Initials)

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher/Coordinator \_\_\_\_\_ Date \_\_\_\_\_

## Student Roles & Expectations

### Student Role:

As part of the job shadow experience, students will:

- Dress according to the standards of the particular site
- Call the site before the scheduled time if unable to attend on the appointed day.
- Arrive at the site at the agreed upon time
- Follow all guidelines and policies of the site
- Complete any school activities related to the job shadow experience

### Student Expectations:

Holding a job requires a lot of thought and decision-making. Below is a checklist of what you can expect to learn. Read through the list and decide which learning objectives are the most important to you. Rank each item 1 to 5 with 5 being the most important; the objectives do not have to be prioritized. Additional space is provided if you would like to learn something that is not listed.

<u>What can I expect on Job Shadow Day</u>	<u>Rank</u>
To see how the knowledge I am gaining in school is used on the job	_____
To see what people do all day on the job	_____
To understand what skills I need to get a good job	_____
To learn what employees receive besides a paycheck	_____
To find out more about the workplace I am visiting	_____
To see how technology is used on the job	_____
To explore some new career ideas for myself	_____
To learn how much education I will need to get the job I want	_____
To understand how learning and earning are connected	_____
Other:	_____

*Student Role (Source: Job Shadowing Guide-Wisconsin Department of Public Instruction)*

*Student Expectations (Source: Groundhog Job Shadow Day: How to have a successful Groundhog Job Shadow Day from*

[www.jobshadow.org](http://www.jobshadow.org) (edited)

## Job Shadow Student Reflection Form:

Student Name:

Date of Job Shadow/Arrival Time:

Name of Business:

Department:

Business Address:

Business Phone:

Person Shadowed:

1. Describe the job of the person you shadowed.

2. What did you do during the job shadow time?

3. Identify aspects of the job that were...

Positive:

Negative:

Unexpected:

4. What training/education is required for this job?

5. List any classes/extracurricular activities at AFHS that might help prepare you for a career in this area?

6. What was the most impactful learning moment from this job shadow experience?

7. Were any of your future career plans changed or reinforced by this experience? Explain.

8. Would you recommend this type of experience to other students? Explain.

9. Have you sent a thank you note \_\_\_yes \_\_\_no.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Job Shadow Supervisor Feedback Form

Please complete and mail to

\_\_\_\_\_  
Adams-Friendship High School 1109 E. North St. Adams, WI 53910  
or complete and email to: \_\_\_\_\_

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

Date of Job Shadow: \_\_\_\_\_

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

Department: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

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

1. The student was on time:  yes  no
2. The student was dressed appropriately:  yes  no
3. The student demonstrated professionalism:  yes  no
4. I would be willing to job shadow in the future:  yes  no
5. I would like to be considered for:  
 Tours  Mock Interviews  Work Experience  
 Guest Speaker/Presentations  Apprenticeships  
 Other \_\_\_\_\_

Additional Comments on any of the above topics or other issues that you believe would help this student assess the job shadow and/or future endeavors.

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Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_