11th Grade Job Shadow Overview

Each year within the Academies of Alexandria, we want to provide students with an opportunity to explore careers. This includes the Career Expo for ninth graders, business field trips for sophomores and job shadowing for juniors.

This letter is an invitation for juniors to participate in a job shadow day **between October 9 to October 20**. The goal is for students to have a quality experience to gain a better understanding of a career in which they have a strong interest. The majority of the planning needs to be completed by the student. Students taking advantage of this opportunity will be marked excused for an activity. Students are expected to arrange a shadow for a **half or full day**. Students are encouraged to shadow someone other than their parents (they can be present at the same place, perhaps with a different employee).

Students will be responsible for their own transportation. Parents will be required to sign the form demonstrating acknowledgement of expectations and accepting responsibility for transportation or allowing their own child to transport him/herself. A resource book is available to students to help them find a job shadow experience. This can be found online by going to the AAHS website, clicking on the 'College & Career Center' tab and then clicking on 'Job Shadow Experience' on the menu bar to the left hand side.

Guidelines/Expectations

- 1. Find someone to job shadow and fill out the Shadow Agreement form.
- 2. Prepare for the day by researching and creating questions for your site.
- 3. Make a plan for transportation to and from the shadow site.
- 4. Remember that you are representing yourself, your family and school.
- 5. On the day of the shadow, prepare by eating a good meal and dress appropriately for the workplace environment.
- 6. Arrive on time, even a bit early.
- 7. Code of Conduct in regards to behavior is the same as if at school.
- 8. Plan to have lunch with your shadow. Make prearrangements as to whether you need to bring your own or if you can get something there.
- 9. **Remember**: Shadowing is mostly about listening and observing the person with whom you are working. Students should establish the expectations with their individual shadow early on. Help only when asked to do so. Keep an open mind. This is one experience and each person doing the same job may do things differently.

The following sections contain suggested questions for you to consider asking while on your job shadow experience as well as reflection questions to consider after. **These do not need to be completed and turned in.** They are meant to be a resource for you.

- How did you become interested in this career area?
- What type of education/training is required for this job?
- What classes did you take in high school to help prepare you? College?
- Have you worked in other fields prior to your current position?
- Can you describe what your interview experience(s) were like when seeking a job?
- Could you please describe a typical work day?
- Do you bring work home with you?
- What types of challenges are faced in this career area?
- Are there opportunities to advance in this field?

- What do you like best about your job?
- Are you involved in any community service/volunteer organizations?
- What advice would you give a student interested in this area?
- Please consider other questions you may want to ask.

Post Reflection (posting a reflection in your digital portfolio would be a great idea). Below are questions you can consider when reflecting on your experience.

- What was I most surprised to learn?
- What were the high points of the day?
- Give a description of your day/experience.
- How does this job shadow experience impact your future plans?

<u>Please create a thank you note to show your appreciation for this opportunity and send to your site</u> (bring one with if that works!).

Below are two forms that must be completed and turned in to your Academy Counselor prior to completing a job shadow experience.

- 1. **Shadow agreement** share this with the individual you will be shadowing, so they know what is expected of them and have them sign off. This provides us with proof that you have permission to shadow and will therefore excuse your absence. Please provide all of the required information.
- 2. **Transportation form** students must provide or arrange for their own transportation to and from their job shadow experience. The transportation form must be signed by the student and their parent/guardian in order to have permission to leave school and travel to their job shadow experience.

Shadow Agreement

This form is to be completed and turned in to your academy counselor **no later than October 9**.

Expectations of Students

- 1. A minimum of a $\frac{1}{2}$ day with their shadow; up to a full day.
- 2. Dress appropriately for the day.
- 3. Ask questions while not interfering with the worker's work schedule.

Expectations of Worker to be shadowed

- 1. Accept student shadows only if available/appropriate (under no obligations/liability).
- 2. Answer student questions when appropriate.
- 3. Allow students to observe a typical day.

Student Name:	Academy:
Date of Job Shadow Experience:	
Name of Worker to be Shadowed:	
Job Title:	
Hours of Job Shadow: to	
Contact Information for Location of Shadow (na	ame, address, phone number, email):
• Name:	
copies of this signed form if needed!	ssion for the student to shadow. *Worker may make/request
Student's Signature	
	
Parent/Guardian signature indicates an unders	tanding of the program and expectations of the day.
 Parent/Guardian Signature Daytime Phone num	nber

Contact: Alexandria Area High School College and Career Center 320-762-2142, ext. 4502

AGREEMENT AND RELEASE OF LIABILITY

Alexandria Area HIGH SCHOOL READ CAREFULLY BEFORE SIGNING Junior Job Shadow

Parent Signature

Check One	
☐ IN CITY OF ALEXANDRIA	
OUTSIDE THE CITY OF ALEXANDRIA	

1.	Lam the parent/guardian of (enter student	
	I am, the parent/guardian of (enter student name) a junior student at Alexandria Area High School. I have chosen to and intend to allow them to participate in a Job Shadow	
	Experience as part of their course work at the school.	
	outside the city of Alexandria	
2.	I have voluntarily arranged for Student to participate in a Program outside the City of Alexandria which will include travel outside the Alexandria Area to	
	the Alexandria Area to for the dates of through I or others on my behalf have made all the arrangements for the Student's	
	participation in the Program including arrangements for transportation, housing and other goods and services. I understand that	
	no one from the School or any agent on its behalf will accompany or supervise Student during any part of the Program, including	
	travel to and from the Program and that Student will be totally without adult supervision for part or all of the Program, including	
	transportation to and from the program.	
3.	I UNDERSTAND AND AM AWARE THAT DURING THE PROGRAM IN WHICH STUDENT WILL PARTICIPATE AND IN TRAVELING TO	
٥.	AND FROM THE PROGRAM CERTAIN RISKS AND DANGERS MAY ARISE, INCLUDING BUT NOT LIMITED TO, THE HAZARDS OF	
	TRAVELING IN UNSAFE AREAS OR UNDER UNSAFE CONDITIONS, THE FORCES OF NATURE, THE NEGLIGENT OR RECKLESS ACTS OR	
	OMISSIONS OR STRICT LIABILITY OF PERSONS OR ENTITIES PROVIDING GOODS OR SERVICES TO STUDENT, THEIR AGENTS,	
	EMPLOYEES, OFFICERS, DIRECTORS, ASSOCIATES, AFFILIATED COMPANIES OR SUB CONTRACTOR, TRAVEL BY BOAT, AUTOMOBILE,	
	TRAIN, SHIP, AIRCRAFT, BUS, OR OTHER MEANS OF CONVEYANCE, AN ACCIDENT OR ILLNESS IN PLACES WITHOUT ACCESS TO	
	MEDICAL FACILITIES, TRANSPORTATION, OR MEANS OF RAPID EVACUATION AND ASSISTANCE.	
4.	I AM AWARE THAT STUDENTS PARTICIPATION IN THE PROGRAM AND/OR THE USE OF TRANSPORTATION, HOUSING AND DINING	
	SERVICES, AND OTHER GOODS AND SERVICES IN CONNECTION WITH PARTICIPATION IN THE PROGRAM CARRIES A RISK OF	
	SERIOUS PERSONAL INJURY, SERIOUS ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS. I EXPRESSLY AND VOLUNTARILY	
	ASSUME ON BEHALF OF STUDENT AND FOR MYSELF ALL RISK OF INJURY, ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS	
	THAT MAY RESULT FROM STUDENT'S PARTICIPATION IN THE PROGRAM AND TRAVEL TO AND FROM THE PROGRAM.	
5.	As consideration for being permitted to participate in the Program as the Student's Job Shadow Program for course credit, I	
	hereby RELEASE AND DISCHARGE the School and its officers, directors, faculty, agents, employees and legal representatives ("	
	the Released Parties") from liability for injury, illness, death, damage or loss arising out of Student's participation in the Program	
	or use of transportation, housing, dining or other goods and services, or arising out of any other activity incident to Student's	
	participation in the Program, including any losses CAUSED BY THE NEGLIGENCE OR STRICT LIABILITY of the Released Parties. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.	
6.	I also AGREE NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES for injury, illness, death, damage or loss sustained	
	as a result of Student's participation in the Program. I will indemnify and hold harmless the Released Parties from all claims,	
	judgments, and costs, including attorneys' fees, incurred in connection with any action.	
ΙHΑ	IVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.	
Charles		
Stu	dent Signature Date	
	n the Student's parent or legal guardian and I am signing this Release on my own behalf and on behalf of the Student and his/hers	
heirs and assigns. I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY		
OW	N FREE WILL.	

NOTE: This form to be used for all un-chaperoned Job Shadow Program activities.

Date