

PARENT FORMS

APPLICATION FOR JOB SHADOWING

Name of student _____
Teacher _____
Date of visit _____ Time(s) _____
Job site(s) _____
Job site address _____
Job site contact person/title _____
Occupation to be explored _____
Person/employee to whom the student reports _____

(Students must complete one of these forms for each job site they want to shadow.)

PARENT/GUARDIAN PERMISSION FORM

I do/do not (circle one) give permission for _____
_____ to participate in the job shadowing experience described above.

Please check the appropriate responses.

I understand it is my responsibility, and I agree to:

- _____ Provide transportation to and from the job site.
- _____ Assign a trusted adult to provide this transportation.
- _____ Allow my child to drive his/her car.
- _____ Provide proof of health or accident insurance.
(Health insurance plan/group numbers or copy of insurance card)

I also understand that the student must present proof of a job-site visit to be excused from school.

I hereby release any and all liability from _____
_____ School and the job site listed above.

Signature of parent/guardian _____

Date _____

Job site _____

Driver's name _____

PARENT/GUARDIAN PERMISSION FORM

Name of student _____

Job shadowing business site _____

The job shadowing by the students in the _____ class is an opportunity for them to see the various skills needed for the occupations in _____ business and industry.

Students will job shadow at a local business for a length of _____
The student's responsibility is to seek information about the job and the skills needed for employment in that business area.

Students will be expected to abide by all company policies, which may or may not vary from those of _____ school.

Students will be expected to dress and behave in a professional manner.

Transportation to and from the job shadow site will be provided by _____

Students must have their own medical/accident insurance, either through the school policy or parent/guardian's insurance.

The teachers at the school and /or the employer/employee at the job shadow site have the right to terminate the job shadowing experience at any time.

_____ has my permission to
(Student Name)

participate in the job shadowing program of _____ School.

Medical/accident insurance is provided by _____, Policy

Number _____

I have read and understand the above information.

Signature of Parent/Guardian

Date

Adapted with permission from Green Country Area Vocational-Technical School.

**THE CHARLES MACHINE WORKS, INC./AGRICULTURAL EDUCATION
SHADOWING EXPERIENCE
PARENT AGREEMENT**

The Charles Machine Works, Inc. and Billings Public Schools believe that career education is an integral part of each student's growth and education. This shadowing experience will give your child the opportunity to learn and experience a career that they are interested in. Through hands-on activities in the workplace, supervised by a mentor, students will have the opportunity to experience the workplace and put to use the skills and knowledge they have learned in the classroom.

The shadowing experience will be set at approximately 40 hours in the workplace. The scheduling of shadowing dates will be determined by the student, teacher, and mentor(s). Upon completion of scheduling dates, proper etiquette from student and mentor(s) will be necessary if a shadowing appointment cannot be made. Failure to be present at scheduled meetings or abusive rescheduling may lead to the termination of the experience.

The shadowing experience may not interfere with the student's regular classroom schedule; however, where schedules allow, students may be dismissed the last two hours of school to shadow. Students will be responsible for their own transportation to and from the worksite.

Each student in the shadowing program agrees to hold in confidence all confidential proprietary information of The Charles Machine Works, Inc. and never to use such information except in the performance of his/her shadowing experience. Upon request of The Charles Machine Works, Inc., the student will agree to sign a separate Non-Disclosure Agreement, as may be reasonable under the circumstances.

Each student in the shadowing program will be covered as an employee under the worker's compensation policy of The Charles Machine Works, Inc., during the term of the shadowing experience, and this policy will be the exclusive remedy for any personal injuries which may be suffered by the student while in the shadowing program.

I understand that my child, John Doe, will be participating in the shadowing project. I understand that transportation to and from the worksite is the responsibility of the student and parent/guardian.

I have read the above information, **and the SHADOWING EXPERIENCE - STUDENT AGREEMENT**, and I agree to allow my child to participate in the shadowing project at The Charles Machine Works, Inc.

Parent or Guardian of John Doe

Date

**THE CHARLES MACHINE WORKS, INC./AGRICULTURAL EDUCATION
INTERNSHIP EXPERIENCE
PARENT AGREEMENT**

The Charles Machine Works, Inc., and Garber Public Schools believe that career education is an integral part of each student's growth and education. This internship experience will give your child the opportunity to learn and experience a career that they are interested in. Through this paid, work-based educational experience, supervised by a mentor, students will have the opportunity to become trained for the workplace and put to use the skills and knowledge they have learned in the classroom and through shadowing.

The internship program is designed to assist the training of students in the various work areas at The Charles Machine Works, Inc. The student interns will be afforded the opportunity to train with mentors in welding, spray painting, safety, basic mechanical skills and other areas of the company as recommended by the training coordinator, mentors, or other appropriate personnel of The Charles Machine Works, Inc.

The internship experience will be conducted during the summer months. The student must be 18 years of age to participate in the internship. The student intern will be considered an employee of The Charles Machine Works, Inc., and be subject to all rules and regulations of the company. Failure by the student to meet the expectations of employment or comply with the rules and regulations of The Charles Machine Works, Inc., can result in the termination of the internship.

Each student in the internship program agrees to hold in confidence all confidential proprietary information of The Charles Machine Works and never to use such information except in the performance of his/her internship experience. Upon request of The Charles Machine Works, Inc., the student will agree to sign a separate Non-Disclosure Agreement, as may be reasonable under the circumstances.

Each student in the internship program will be covered as an employee under the worker's compensation policy of The Charles Machine Works, Inc., during the term of the internship, and this policy will be the exclusive remedy for any personal injuries which may be suffered by the student while in the internship program.

I understand that my child will be participating in the internship program. I understand that transportation to and from the work site is the responsibility of the student and parent/guardian.

I have read the above information *and the INTERNSHIP EXPERIENCE - STUDENT AGREEMENT*, and I agree to allow my child to participate in the internship program at The Charles Machine Works, Inc.

Parent or Guardian of John Doe

Date