



Iowa Valley Intermediary Program Job Shadow Application

Personal Information

Last _____ First (legal) _____ Middle _____ First name preferred _____

Date of Birth ___ / ___ / _____

Gender Female Male

U.S. Citizen: Yes No If no, what country _____

Address

PO Box/Number/Street _____

City _____ State _____ Zip Code _____

Texting: Yes No Cell Phone Provider if marked yes _____

County of Residence _____

High School _____

Grade _____

Contact Information

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email _____

Ethnic Information (optional)

Do you consider yourself to be Hispanic/Latino? Yes No

To describe yourself, select one or more of the following racial categories to describe yourself:

American Indian/Alaskan Native

Asian

Black or African American

Native Hawaiian/Pacific Islander

White or Caucasian

Job Shadow Career Choice

What is your career choice of interest? 1) _____ 2) _____

Special Requests: While we can't guarantee that a specific request will be available, please tell us what this career looks like to you. For example, if you choose a career such as Management, Accounting, Marketing, Human Resources, etc., would you prefer that your job shadow take place at a small, local business or a large corporation? If you choose teacher as a career, which subject or grade level would you prefer? Is there anything specific that you'd like your host to cover?

List some of your interests, activities, and/or other career fields you are considering. _____

Days of Availability (circle) **M T W TH F** Times of Availability (circle) **AM (8 - 12) PM (12 - 4)**

Additional Information. If there is a limit to the distance you can travel, please describe. List any dates and times of your weekday availability i.e. Tuesdays from 9-3, Wednesdays 12-5, anytime

OFFICE USE ONLY
_____ Initial email sent to student _____ Added to the database _____ HIPPA for Healthcare

Participation Release

I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child.

I recognize that work-based learning opportunities of this nature have a risk of lost or stolen property, injury or even death during transportation to, from, on-site, and during the activities. I, on behalf of the child and for myself, waive any and all claims of liability arising from the child's participation in this opportunity, including claims against the following parties (and their employees, contractors and volunteers): Iowa Valley Intermediary Program, Iowa Valley Community College District, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.

I hereby understand that a job shadow in the health care field may include daily patient care related to personal hygiene, physical assessments and normal day-to-day duties of a health care provider. The experience may include **visual only** exposure to blood, bodily fluids and the human anatomy by the job shadow student participant.

I agree to defend, hold harmless, and indemnify Iowa Valley Intermediary Program, Iowa Valley Community College District, the school and school district that the child attends, and the employer who hosted the trip (and their employees, contractors and volunteers) from and against any and all claims of liability that derive from claims that I or my child make against any other party arising from this work-site opportunity.

I give my consent to have an Iowa Valley Community College District staff member contact my son or daughter at some future date to review their career development.

I understand that transportation to and from the job shadow is the student's responsibility.

Media Release

I agree to allow my child's photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote the Iowa Valley Intermediary Program. I understand that my child's photo/image will only be used in a positive manner in publications, print advertising, promotional materials or any other medium to inform others about the career exploration activities coordinated by the Iowa Valley Intermediary Program for K-12 students throughout the AEA 267 region.

_____ ◀ **Initial here if you DO NOT want your child's image or name to be included in media or marketing pieces.**

Print parent/guardian name

Parent/guardian signature

_____ Home phone: _____ - _____ - _____ Cell phone: _____ - _____ - _____

Date

Parent's email

Student signature

School contact: school representative recommendation and comments

As your student's success is our goal, please indicate any accommodations or support this student will need. _____

Does this student have an IEP? Yes No Special accommodations or support needed _____

This application has been reviewed and approved by a school representative.

School Representative Signature

Date

Expectations for your Job Shadow:

Checkbox

I have read and agree to the expectations for my Job Shadow.

1. **Be Respectful** – During your Job Shadow it is important that you are respectful of your host, and their clients/customers. If you should happen to see or hear personal information, do not share it with others.

2. **Be Prepared** – Research your host business, and prepare questions that will show them that you are interested in their business and career. This will provide you with a more valuable experience.

3. **Be Appreciative** – After your Job Shadow, complete a thank you note to your host, and participate in our Job Shadow evaluation survey. This helps us to provide great experiences for future students. **Checkbox** – I agree to the above expectations for my Job Shadow.

Return completed applications to your high school counseling office.