

JOB SHADOW APPLICATION

NAME _____ Student Number _____

PHONE _____

What career area do you want to job shadow? _____

When would you like to do this shadow? _____

1st Semester

2nd Semester

What periods are you available _____

What days are you available _____

(be sure you include the periods a or b days)

Do you want this job shadow after school? _____

Do you already know with whom you would like to job shadow?

Name _____ Phone# _____

Please return this job shadow application to Gayle Allen in the Counseling Center or to the Career Center.

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