



Job Shadow Confirmation Sheet

_____ (student name) has permission to attend a job shadow at _____ (host job). I understand that this job shadowing experience must be at least four hours long and my child must complete classroom related assignments in order to receive a school related absence. This is also required if the job shadowing is done during summer break. The assignments are explained at www.ucalions.org, >"Academics" > "Job Shadowing Experience".

I have read the Job Shadowing Day Information on the school website and understand the requirements of this program. I understand that transportation to the work site is the responsibility of the student/parent.

By signing below, I give consent to allow my student to use his/her own transportation to and from the job shadowing experience. Union Christian Academy is not responsible for accidents or personal injury.

Signature of Parent

Printed Name

Date

STUDENT INFORMATION

1. Student Name: _____
2. Student's names if performing the job shadow with more than one student:

3. Name of Business you will visit: _____
4. Career Field you will observe: _____
5. Job Shadowing Host's Name (first and last): _____
6. Business Address (include address, city, state, zip, phone):

7. Business Phone Number: _____

8. What time will you be there? From:_____ To:_____
9. Don't forget to ask what is the appropriate dress code for this place of employment.
10. Remember to ask about lunch plans if needed.

TURN THIS SHEET INTO THE SCHOOL GUIDANCE COUNSELOR BEFORE PERFORMING THE JOB SHADOWING EXPERIENCE. sarah.jones@unionchristianacademy.org. **ALL JOB SHADOWS MUST BE PRE-APPROVED BY THE SCHOOL GUIDANCE COUNSELOR.**



Student Liability Waiver

I, the parent or legal guardian of _____, give my voluntary consent to his/her participation in Union Christian Academy's Job Shadowing Experience.

In consideration of my child participating in UCA's Job Shadowing Program, I hereby release Union Christian Academy, the State of Louisiana, the State of Arkansas, and their officers, directors, employees and agents from any and all liability resulting from my child's participation in Union Christian Academy's Job Shadowing Experience.

I understand and agree that the above listed entities do not assume and disclaim any risk, liability, responsibility or obligation in the event of harm, an accident, injury, illness, death or property damage to my child. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Phone Number