



Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_

You have expressed an interest in the Plainfield South High School Job Shadowing Program. This opportunity is for students in grades 10 – 12. Attached please find the application to begin the formal process of entrance into the program. Complete the form and return it to the appropriate group guidance counselor in Student Services. Once this completed form is returned, it will be reviewed and an initial interview will follow with the designated group guidance counselor.

If you are a **senior** turn this into: Mrs. Ursetta

If you are a **junior** turn this into: Mrs. Naheedy

If you are a **sophomore** turn this into: Ms. Conlisk

# PLAINFIELD SOUTH HIGH SCHOOL CAREER SHADOWING APPLICATION FORM

Name of Student: \_\_\_\_\_ PSHS Coordinator \_\_\_\_\_

Name of Counselor: \_\_\_\_\_ Application Date: \_\_\_\_\_

Please answer the following questions as completely as possible and return this application to Student Services. Thank you.

1. What career shadowing position do you desire?
2. What expectations do you have about the career shadowing experience?
3. What research have you done on this particular career? (Research must be done before proceeding with the initial interview).
4. Please submit a list of questions you hope to have answered through this career shadowing experience. Use the other side of this sheet if needed.

**PLAINFIELD SOUTH HIGH SCHOOL  
CAREER SHADOWING CONTRACT & PERMISSION FORM**

Name of Professional \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

The above professional has been contacted by the PSHS Coordinator and has agreed to be shadowed.

PSHS Coordinator Signature: \_\_\_\_\_

***IT IS YOUR RESPONSIBILITY TO:***

1. Call the professional and identify yourself and say that you are a student from Plainfield South High School.
2. Tell them that you are researching careers and would like to make an appointment to shadow them.
3. Phone the professional as soon as possible to inform him or her if you cannot attend the appointment.
4. Wear whatever would be appropriate dress code for a job interview.
5. Follow up your visit with a thank you note.
6. Turn in an evaluation form to the PSHS coordinator the day after your shadowing experience.

***YOUR GUARDIAN MUST:***

1. See that you have transportation to and from the shadowing site.
2. Call the Plainfield South Attendance Office at 577-5533.

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**PLEASE RETURN THIS PORTION OF THE FORM TO STUDENT SERVICES**

I, the undersigned, agree that the above-named student has permission to participate in this shadowing activity. I further understand and agree to indemnify and to save harmless Plainfield School District 202, the professional whom my child will shadow and the company or agency where the shadowing will take place against any claim for damages, compensation, or otherwise on the part of my child or his heirs, executors, or administrators. I accept full responsibility for my child while he or she participates in the program.

**PLEASE PRINT**

Student Name \_\_\_\_\_ Signature \_\_\_\_\_

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Date of Shadowing Experience \_\_\_\_\_