

GATES CHILI HIGH SCHOOL CAREER CENTER

Career Shadowing Program

Student Instructions

1. To arrange a shadowing placement:

*Complete the following forms in this packet:

Pg. 1	Shadowing Rules
Pg. 2	Career Shadowing Application
Pg. 3	Parent Permission Form
Pg. 4	Gates Chili Release Form
Pg. 5	Research Worksheet 1

*A placement will be arranged after all the forms are returned to Mr. Lanning. Please allow at least 2 weeks for placement.

*Materials can be borrowed from the Career center to help you with your research.

*Make sure that your work is neat, accurate and complete.

2. After a placement is arranged:

*You will receive a packet of information containing the details of your placement and any further instructions that you will need.

This packet will contain a permission slip that must be signed by a parent/guardian

Gates Chili Career Center Career Shadowing Program

The Career Shadowing Program is designed to provide the students of Gates Chili High School with the opportunity to investigate observe and evaluate specific occupations which may be related to their potential career interests.

The purpose of the Career Shadowing Program is to provide an organizational framework that outlines an educationally sound process students can follow in order to explore occupations that are of interest to them. Students will spend a work day, or part of a work day, with a Career Shadowing Mentor who is currently employed in the occupation the student wishes to research.

PROCEDURES TO FOLLOW PRIOR TO PLACEMENT:

1. Talk with your counselor about your interest in the Shadowing Program. Discuss exactly what your participation will include.
2. Obtain a Shadowing Program Packet from your counselor or Mr. Lanning in the Career Center or on the Career Center website.
3. Submit a neatly written or typed Career Shadowing Program Application to Mr. Lanning in the Career Center. Be sure to respond to each item on the application.

At this point Mr. Lanning will begin the placement process. You will be notified when someone in the community has agreed to be your Shadowing Mentor.

CAREER SHADOWING PROGRAM APPLICATION

NAME: _____ DATE: _____

Grade: _____ 1st Period Teacher: _____ 1st Opp. Room # _____

Address: _____ Preferred Day to Shadow _____

Rochester, New York _____ Vacation Day _____

Parent/Guardian: _____ Transportation: _____

Telephone: Home: _____ Work: _____ Cell: _____

1. WHAT IS THE TITLE OF THE OCCUPATION YOU WOULD LIKE TO OBSERVE?

DO YOU KNOW ANYBODY IN THIS CAREER WHO WOULD LET YOU SHADOW?

NAME _____ PHONE # _____ E-MAIL _____

2. A) STATE THE REASONS FOR YOUR INTEREST IN THE OCCUPATION DESIGNATED ABOVE:

B) STATE YOUR REASONS FOR WANTING TO PARTICIPATE IN THE CAREER SHADOWING PROGRAM:

3. WHAT WOULD YOU LIKE TO ACTUALLY SEE AND DO AT YOUR PLACEMENT SITE?

4. DESCRIBE YOUR CAREER AND EDUCATIONAL GOALS AFTER HIGH SCHOOL:

STUDENT SIGNATURE: _____ **COUNSELOR SIGNATURE** _____

CAREER SHADOWING PROGRAM

Permission to Participate in the Career Shadowing Program

Student Name _____

I give my child permission to participate in the Gates Chili High School Career Shadowing Program.

I understand that transportation to the placement site is the responsibility of the parent and student.

Once a shadowing placement is made, I agree to provide transportation or give my child permission to drive himself/herself to the placement site.

Additionally, I agree to contact the mentor and the Career Center at 247-5050 ext 22316 prior to 8:00am on the day of the placement should a situation arise which prevent the student from participating.

I understand that my son/daughter will be responsible for any class work missed during his/her absence on the day of the shadowing placement.

Signature of Parent Guardian

Date

Daytime Phone #

Students will be covered by the Gates Chili Central School District's accident policy for accidental injury suffered while at the shadowing site or traveling to and from the site. The school accident policy provides coverage after exhaustion of all other coverage afforded by the student under any other policy of medical insurance. The following identifies the family's insurance coverage:

_____ Insurance Carrier

_____ Identification #

_____ Preferred Hospital

**CAREER SHADOWING PROGRAM
RELEASE, WAIVER AND AGREEMENT TO INDEMNIFY**

The student identified below has voluntarily elected to participate in the Career Shadowing Program. In making this election, the student and the student's parents/guardians have considered the extent to which such participation might expose the student to risks above and beyond those normally associated with attendance at school. The student and the student's parents/guardians understand that:

1. The activities involved in the Shadowing Program are in large part, supervised by one or more persons who are not employees of Gates Chili Central School District;
2. Each occupation is unique. The types of activities, and the resulting risks, therefore vary. The student and the student's parents/guardians have made such investigation as they deem necessary to fully understand the nature of the selected occupation and the risks, if any, associated with it;
3. The student will be required to cooperate with those in authority and to comply with lawful and reasonable directions given by such persons;
4. Gates Chili Central School District shall have the right to terminate the student's participation in the Shadowing Program, at any time, in its sole discretion.

In consideration for the student's participation in the Shadowing Program, both the school district and the student's parents/guardians do hereby waive and release the Gates Chili Central School District, its agents, and employees from and on account of any claim for personal injury, including any claim for wrongful death, and any and all property damage arising out of or in any way due to the student's participation in the Shadowing Program, without regard to the cause of such injury, wrongful death or property damage.

The student and the student's parents/guardians do further agree to indemnify and hold harmless the Gates Chili Central School District, its agents and employees from and on account of any claim for personal injury, wrongful death or property damage, including the cost of defense against such claim or claims, arising out of or in any way due to the student's participation in the career Shadowing Program.

Dated: _____

Occupation Selected

Student Signature

Print Student Name

Parent/Legal Guardian Signature

Print Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Print Parent/Legal Guardian Name

**CAREER SHADOWING PROGRAM
RESEARCH WORKSHEET**

Please complete this Worksheet and submit it with your application. It will be returned with your Placement Notification for you to use on the day you visit your site. Use the Occupational Outlook Handbook website below for assistance.

www.bls.gov/oco/

TITLE OF OCCUPATION

1. What work is performed by someone employed in this occupation?

2. What skills are needed by someone employed in this occupation?

3. What are the requirements for entering this occupation?

4. What is the employment outlook for people who want to enter this occupation?

5. What are the beginning earnings? _____ per week, _____ month, _____ year.

What are the average earnings? _____ per week, _____ month, _____ year.

6. What questions would you like to ask someone employed in this occupation?
