JOB SHADOW APPLICATION

SAUCON VALLEY HIGH SCHOOL 2100 Polk Valley Rd Hellertown, PA 18055

In order to participate in each job shadow experience, this application must be completed: **Student Information:** Student Name: ______ I agree to visit the sponsoring business listed below on the designated Job Shadow Day. As a representative of Saucon Valley High School, I agree to comply with the expectation to dress professionally, communicate to the mentor/sponsor professionally and behave in a professional manner. I also understand that I will be required to complete a reflection following the visit. Student Signature: _____ Date: _____ **Sponsoring Business Information:** (Please print all information clearly) Work Place Name: Mentor's Name: Mentor's Email: Work Address: Telephone Number: (____) **Parent/Guardian Permission:** I give permission for ______ to visit the sponsoring business listed above as a participant of the Saucon Valley High School Job Shadowing Program. Please indicate the date your child will be shadowing: Parent/Guardian Signature: ______ Date: _____

** NOTE: This application is required for all job shadow experiences. This form should be turned into the attendance office one week prior to the date your child will be job shadowing. This includes job shadows performed on school days not in session.

PRE JOB SHADOW ACTIVITY

INDUSTRY-BASED WORK EXPERIENCE SAUCON VALLEY HIGH SCHOOL

Student Name:
Job Shadow Date:
Sponsoring Business:
Please answer the following questions before you complete your job shadow experience. *** This form must be completed for each job shadow in order to receive credit for the experience.***
Questions:
 Research the sponsoring business. Record 5 interesting facts that you learned in your research:
2. Why are you interested in this career?
3. What do you hope to learn from this job shadow experience?

JOB SHADOW INTERVIEW ACTIVITY

INDUSTRY-BASED WORK EXPERIENCE SAUCON VALLEY HIGH SCHOOL

Interview your career mentor/host using the questions below. Remember these questions are a guide and not a required list. Ask follow-up questions for clarification and more information. Record your host's responses. If you create your own questions, write those questions and answers down. After your interview, ask your host to sign the bottom of the page. ***This activity must be completed in order to receive credit for your job shadow experience***

Student Name:	
Work Place Name:	
Mentor's Name:	
Job Shadow Date:	Job Shadow Hours:
Questions:	
Tell me about your career journey. How dicareer?	d you get to this point in your
What education and training do you need	for this job?
How would you describe a typical day at yo	our job?
What are the most challenging aspects of	this job?
What do you like most about your job?	
What is one thing that surprised you abou	it your career/current position?
If you could give one piece of advice to sor what would it be?	meone considering a similar career,
List any additional questions and response	es.
Career Mentor Signature:	Date:

JOB SHADOW REFLECTION ACTIVITY

INDUSTRY-BASED WORK EXPERIENCE SAUCON VALLEY HIGH SCHOOL

Please answer the following questions as you reflect on your job shadow experience.

*** This form must be completed for each job shadow in order to receive credit for the

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	s form must be completed for each Job shadow in order to receive credit for sperience.***
<u>ues</u> t	tions: Describe what you observed while on your job shadowing visit.
2.	What did you learn that most surprised you while on your shadowing visit?
3.	Are you still interested in this career after this experience? Yes / No Explain your selection.
4.	Give suggestions that could have made this job shadowing experience more beneficial to you.
5.	Would you recommend this job shadow to other students? Why or why not?
6.	Did you send a thank you note to the individual that you shadowed? Yes / No