

Job Shadow Application

Please fill out the following information and send to Tony Noto
Mail to: Tony Noto, c/o Noto's Old World Italian Dining, 6600 28th Street SE,
Grand Rapids MI 49546

E-Mail: Tony@notosoldworld.com

Fax: (616) 493-6682

I. STUDENT INFORMATION

DATE: _____

Student Name _____

Student ID# _____ Grade _____

E-mail _____

Your Age _____

II. JOB SHADOW SITE/SUPERVISOR INFORMATION

Business Name _____

Business Address _____

City _____ Zip _____

Person You Will Job Shadow _____

Job Title _____

Career Area _____

Business Phone _____

Business Fax _____

Business E-mail _____

III. DATE/TIME OF JOB SHADOW

Call the person you want to job shadow to make arrangements for your visit. Set up your job shadow at least 4 days in advance so there is time to have the attendance office schedule your excused absence.

Date of Job Shadow _____

Job Shadow Start Time _____

Job Shadow End Time _____

Career Interest Information

Career area I am interested in learning about:

Why I want to do a job shadow in this area:

Questions I have, or things I would like to find out about this job area:

Emergency Contact/Medical Information

Please provide the following information and signatures.

Student Name _____ Grade _____

Parent/Guardian Name _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number (optional) _____

Street Address: _____

City _____

Family Physician _____

Physician's Phone _____

Insurance Company _____

Policy Number _____

Person to contact in an emergency if a parent cannot be reached:

Name _____

Phone _____

Relationship to Student _____

Please note any special health conditions, drug allergies, or current medications.

PERMISSIONS

PARENT'S STATEMENT: I hereby give permission for my son/daughter to attend the job shadow described on the application form. I understand that in the event of injury or illness at the work site I will be contacted for permission and directions regarding emergency treatment. If I cannot be contacted, my signature below indicates permission for any necessary treatment to be given. (Parent/guardian's insurance company will assume the primary medical coverage.) I also understand that my son/daughter will take a copy of this permission form to the job shadow in case the information is needed immediately.

Parent/Guardian _____ Date _____

signature

STUDENT'S STATEMENT: I understand that I am responsible for: 1) taking a copy of this form with me to the job shadow, and 2) having the person I shadow sign my evaluation

Student _____ Date _____

signature