



Fargo North High School

Job Shadow Application

Name _____
Last First Middle

Address _____
Street City State Zip Code

Cell Phone _____ Grade _____ Date of Birth ____/____/____
Month Day Year

What career would you like to shadow? _____

If you know a person you would like to shadow, please list that information below:

Person to Contact _____ Telephone _____

Name of Business _____

Address or general location _____

To participate in a job shadow, I agree to:

- 1) Attend an orientation session.
- 2) Schedule a date and time for my job shadow and return the Confirmation Form to the Career Center.
- 3) Return completed Prearranged Absence Form to the Attendance Office.
- 4) Complete in advance all assignments for classes I will miss.
- 5) Arrange for my transportation to and from the job shadow.
- 6) Return completed Reflection Worksheet to the Career Center.
- 7) Write a Thank You note to my host and turn it into the Career Center for mailing.

I HAVE READ ALL INFORMATION REGARDING JOB SHADOW. I UNDERSTAND THE FARGO PUBLIC SCHOOLS ASSUMES NO RESPONSIBILITY FOR HEALTH, ACCIDENT OR TRANSPORTATION INSURANCE WHILE JOB SHADOWING. I AGREE TO PROVIDE (OR ARRANGE) TRANSPORTATION TO AND FROM THE JOB SITE.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT KAREN STUGELMEYER, CAREER RESOURCE SPECIALIST AT FARGO NORTH HIGH SCHOOL (701) 446-2413.

Signature of Student

Signature of Parent

**Return this form to the Counseling & Career Center.
Karen Stugelmeyer, Career Resource Specialist
Fargo North High School
(701) 446-2413**

**"Building Partnerships in Education"
AN EQUAL OPPORTUNITY EMPLOYER**

The Fargo Public School District does not discriminate on the basis of race, color national origin, sex, age, religion or handicap in its educational programs/activities and employment policies/practices.