



TRAINING AGREEMENT FOR A DAY IN YOUR FUTURE JOB SHADOW PROGRAM

Student's Name _____

Birth Date _____ Grade _____

Student's Address _____

Telephone _____ Cell Phone _____ E-mail _____

Current Career Objective/Pathway _____ Job Title _____

School Name _____ Adviser _____

Job Shadow site _____ Telephone _____

Address _____

Job Shadow Supervisor _____ Mentor _____

Date/Time Job Shadow Begins _____ Ends _____

Dress Code _____

Lunch Instructions _____

Other Instructions _____

This training agreement briefly outlines the responsibilities of the student, parents and employer.

Parent/Guardian

1. Approves and agrees that the student may participate in A Day in Your Future Job Shadowing.
2. Encourages the student to effectively carry out the work experience requirements in all components of the program.
3. Assumes responsibility for the conduct of the student.
4. Provides transportation for the student to and from the Job Shadow Learning site.
5. Holds school harmless for risks associated with transportation and indirectly monitored activities. (e.g., Job Shadow experience).

Student

1. Complies with the rules and regulations of the Job Shadow Learning site.
2. Observes the same regulations that apply to other employees.
3. Adheres to all policies and regulations as set forth by school administration.

Employer/Training Mentor

1. Recognizes that the student is enrolled in a Job Shadow Learning experience designed to prepare for a career in _____.
2. Provides supervision and instruction to assist the student in acquiring those competencies necessary for success in the career objective.

Parent/Guardian

Date

Student

Date

FCCLA Chapter Adviser

Date

School Administrator

Date

Employer/Training Mentor

Date