

Student Name Job Shadow Site 230 6th Street PO Box 490 Alexandria SD 57311

Telephone: (605) 239-4387

Fax: (605) 239-4293

Job Shadow Experience Agreement Form

	Host Supervisor			
	Company Address	72		
	Company Phone Number			
The fo	llowing parties mutually agr	ee to the following responsi	bilities:	
	STUDENT			
	I agree to follow all the guidelines/requirements established at the job shadow experience location			
 perform the assigned duties in a professional manner 				
	 discuss any worksite problems immediately to host site and school supervisor adhere to company policies 			
 report on time to job shadow experience location at designated time dress appropriately and safely for the job shadowing experience location 			<u> </u>	
	 aress appropriately and salely for the job shadowing experience location participate during the designated hours and length of time 			
		ation to and from job shadowing		
	(Signature of	Student)	(Date)	
			(Date)	
	(Signature of S JOB SHADOW EXPERIENCE L		(Date)	
	JOB SHADOW EXPERIENCE L	LOCATION HOST	(Date) location and its operations, as well as safety	
	JOB SHADOW EXPERIENCE L / will provide an overvie instructions will adhere to all State	LOCATION HOST w of the job shadow experience and Regulations regarding emp	location and its operations, as well as safety loyment, child labor laws, etc.	
	JOB SHADOW EXPERIENCE L I will provide an overvie instructions will adhere to all State will fulfill my obligation	LOCATION HOST w of the job shadow experience and Regulations regarding emp s as a host (sign agreement form	location and its operations, as well as safety loyment, child labor laws, etc. n, journal log, etc.)	
	JOB SHADOW EXPERIENCE L I will provide an overvie instructions will adhere to all State will fulfill my obligation	LOCATION HOST w of the job shadow experience and Regulations regarding emp s as a host (sign agreement form at may be removed from the job s	location and its operations, as well as safety loyment, child labor laws, etc.	
	JOB SHADOW EXPERIENCE L / will provide an overvie instructions will adhere to all State will fulfill my obligation understand the studen	LOCATION HOST w of the job shadow experience and Regulations regarding emp s as a host (sign agreement form at may be removed from the job seets expectations	location and its operations, as well as safety loyment, child labor laws, etc. n, journal log, etc.)	



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Job Shadow Experience Journal Log

*It is the student's responsibility to complete a journal log.

	adow Experience Host please verify student's work hours by signing below.
Student Name	
Job Shadow Site	
Host Supervisor	
Date	Work Hours: Begin End
Summary (duties performed and/or observed)	
Reflection (what did you learn? is this still a career you would consider? etc.)	
As Host Supervisor, I verify the	
Signature:	Title: Date:
Optional Comments from Supe	visor regarding the Job Shadowing Experience: