

# Job Shadow Contract

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**Student Name:** \_\_\_\_\_

**Job Site:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**Mentor Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Mentor Phone Number:** \_\_\_\_\_

**Job Shadow Description:** Give a clear description of the job shadow you intend to complete and discuss your reasons for choosing this job shadow.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Mentor's Qualifications:** Discuss why this person is qualified through vocation or avocation to be your mentor. What does he/she offer that will help you learn about the chosen career.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT:** I have read my student's job shadow proposal. I am aware that my son/daughter must pass this phase of the High School and Beyond Plan in order to meet this graduation requirement. I understand that failure to complete this requirement will result in my student being unable to meet the goal of graduation.

I fully understand that the choice of the job shadow and mentor selected by my son/daughter was made independently of the staff and administration of Ilwaco High School. I agree to release the school district and its employees from all claims arriving from financial obligation incurred, or damage, injury, or accident suffered while my son/daughter participates in the project that he/she has chosen. I also understand that no member of my son or daughter's family may be a mentor.

My signature indicates that I am aware of my son/daughter's decisions, as stated above, and approve of them.

**MENTOR:** I would like to work as a mentor for the Job Shadow portion of the High School and Beyond Plan. I am willing to give the time necessary to work with this student and to complete a written evaluation of the student's work. I also understand that I am encouraged to attend this senior's portfolio presentation if it is possible. I understand that I will have to undergo a Washington State Patrol background check in order to serve as a mentor.

**All parties jointly agree to the following:**

1. There will be no monetary compensation for participation in the school mentoring program.
2. The parent or guardian shall be responsible to the school for the conduct of the student who is participating in the mentoring program.
3. The job shadow shall be at an employer's site.
4. The employer will provide safety instructions.
5. This agreement may be terminated after consultation with the Ilwaco High School principal for due cause or for unforeseen business conditions.
6. The mentor shall provide an evaluation of the student after the experience.
7. The student shall remain at the mentoring site for an agreed upon time period.
8. The parent or guardian will provide transportation for the student to and from the mentoring site.
9. Students will be accepted and assigned to mentoring sites without regard to race, color, national origin, sex, handicap, or disadvantage.

\_\_\_\_\_

Mentor

\_\_\_\_\_

Date

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

School Administrator

\_\_\_\_\_

Date

\_\_\_\_\_

Culminating Project Coordinator

\_\_\_\_\_

Date