Bolton High School Job Shadow Experience

Overview

The job shadow experience is a Bolton High School graduation requirement, but it is also a valuable learning opportunity for students as they prepare for post-secondary education and work experience. The job shadow experience can be completed via a virtual interview or time on-site shadowing the person you've chosen to work with. Any questions regarding the job shadow experience should be directed to Mr. Giansanti or Mrs. Destiné in the Guidance Office.

Checklist

- 1. Determine what you would like to pursue as a possible career or job and find a person who works in that field. See guidance if you need help finding contacts.
- Call and ask if they will accept you for a job shadow and schedule a date for the job shadow (plan for at least a week to complete paperwork before your job shadow).
- Complete the absence request form provided. This form must be filled out two
 days prior to your absence if you are missing school due to an on-site job
 shadow. Complete the form and return to the main office so that you will not be
 marked for the absence.
- 4. Sign the legal waiver form provided and return it to the guidance office with the rest of the job shadow packet.
- 5. Complete your job shadow report form, including the contact information for the person you are shadowing/interviewing.
- 6. Complete the written reflection and return the entirety of the job shadow packet to the guidance office.
- Write a thank you note or email to the person you shadowed, thanking them for taking the time to allow you to shadow or to give you an interview.

Updated 2/17/2022 1

Bolton Public Schools Legal Waiver for School Supported Job Shadow

As a student participant in the Job Shadowing/Internship program, I promise to conduct myself in accordance with the rules and regulations of the Bolton Public Schools.

I understand that this program may include leaving school during school hours and driving myself to a site off campus for a job shadowing or internship experience.

I understand that the Bolton Board of Education (the "Board"), its officers, agents, and employees reserve the right to terminate my participation in a Job Shadow experience or Internship program at any time for failure to behave and act in accordance with the rules and regulations of the board, or to follow instructions and directions or for any of my acts that may be considered unsafe or detrimental to the program.

In consideration for being allowed to participate in any way in a Job Shadow or Internship program, we agree to the following:

- 1. The parent(s) and/or legal guardian(s) acknowledge and fully understand that each participant will be engaging in activities outside the supervision of school staff, including driving himself or herself to and from the off-site location, that may result in injury, including permanent disability, death, and severe social economic losses which might result not only from my own actions, inactions, or negligence or others. Further, there may be serious risks not known to us or not reasonably foreseeable at this time which may result in injury.
- 2. The parent(s) and/or legal guardian(s) assume all the foregoing risks and accept personal responsibility for the damages following injury, permanent disability, or death.
- 3. I am aware in offering to drive myself, that I assume a personal and legal responsibility that is mine for myself. I have conferred with my insurance representative about the adequacy of my coverage for this and accept this responsibility, realizing that it may cause me to be held liable in the event of accident or injury to myself.
- 4. The parent(s) and/or legal guardian(s) hereby release the Bolton Board of Education, its administrators, directors, agents or other employees of the organizations, other participants, sponsoring agencies, or owners of the premises used to conduct activities, all of which are hereinafter referred to as "relesees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including damage to property, caused or alleged to be caused in whole or in part by negligence of the releases of otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Signature of Participant:	Date:
Printed Name of Participant:	Date of Birth:
Signature of Parent or Guardian:	Date:
Printed Name of Parent or Guardian:	Relationship:
Address of Participant:	

Job Shadow Experience Absence Request Form

Student's Name:	
Year of Graduation:	_
Job Shadow Date:	_
Periods that will be missed and the teach	ners that have been notified:
Period A:	
Period B:	
Period C:	
Period D:	
Period E:	
Period F:	
Period G:	
Period H:	
Connections:	

Basic Information

Name of the Person You Shadowed/Interviewed:	
Job Title:	
Place of Employment:	
Contact Information	
Phone:	
Email:	
Type of Job Shadow Experience:	
☐ Virtual/Phone Interview	
☐ On-site Job Shadow	
Date of Interview:	

Questions

We've provided some starter questions below - please answer at least the questions from the list that apply to your chosen pathway. This will help you with the reflection needed to receive credit for your job shadow experience.

- 1. What are your main responsibilities in your role?
- 2. What education, training, or background is required for this job?
- 3. What skills, abilities, and personal attributes are essential to success in this field?
- 4. What is a typical day/week like for you?
- 5. What do you like most about your work?
- 6. What do you like least about your work?
- 7. What kinds of problems do you deal with?
- 8. What kinds of decisions do you make?
- 9. How does your job affect your general lifestyle?
- 10. What current issues and trends in the field should I know about/be aware of?
- 11. What are some common career paths in this field?
- 12. What kinds of accomplishments tend to be valued and rewarded in this field?
- 13. How did you become interested in this field?

14. How did you begin your career?

Job Shadow Report Form

Student Name:	Job Shadow Date:
Site/Company/Business Name:	
Contact Person's Name:	
Contact Person's Phone Number:	
Contact Person's Email:	
Business Address:	
Job/Career Type:	
shadow experience below. Include what	write a couple of paragraphs about your job you liked and did not like, the educational , what (if anything) surprised you about the ed in the profession as a career choice.