



**Eugene School District 4J
Career Related Learning Experiences
Job Shadow Program Agreement**

Student Name (print) _____ School _____

Business Site _____ Phone _____

Business Address _____

Sponsoring School Dept. _____ Date/Time of Shadow _____

The following agreement needs to be read carefully by the student and Parent(s)/Guardian. Information needs to be filled out completely and signed by each party of the agreement. Each may want to keep a copy for their files. Return the agreement to the School-to-Work Coordinator before your shadow takes place.

The Student Agrees to:

- Be on time and attend as scheduled.
- Notify the Supervising Teacher and Business in case of absence, lateness or illness, in advance.
- Exercise honesty, courtesy, have a cooperative attitude. Respect company rules.
- Exercise proper health and grooming habits. Dress appropriately for the business culture.
- Be open, willing to learn, accept direction and constructive criticism.
- Notify the Career Related Learning Experiences Coordinator of any problems, issues or questions.
- Be responsible for having this Agreement and the Verification filled out, signed by the appropriate people and turned in as soon as the placement is completed.
- Receive credit according to terms met. Read and sign Parent/Guardian part of this Agreement if 18 years of age.

The Parent Agrees to:

- Support the student in the placement experience and the responsibilities of it.
- Give permission for the student to participate fully.
- Give permission for the student to leave the school campus for the placement.
- Arrange for transportation if necessary to and from the placement site.
- Accept all liability and responsibility for the student's travel to and from the placement site.
- Support the student in being responsible for meeting obligations in relation to the placement experience as well as those in relation to regular classes.
- Accept responsibility for any negligent actions on the part of the student.
- Indemnify and hold harmless the sponsoring 4J school, Eugene School District 4J, it's officers, agents, and employees from any and all claims, loss, actions, liability or costs including attorney's fees and other costs of defense brought by the student and arising out of or in any way related to this program and/or placement.
- Authorize any emergency medical care and/or procedures deemed necessary.
- Assume all related medical and/or emergency costs.

All Parties Understand and Agree the Student Will Be:

- Covered by Eugene District 4J Workers' Compensation Insurance for injuries incurred during the scope of this placement, but that time-loss payments are not applicable and the student is not entitled to time-loss payments.
- Covered by Eugene District 4J general liability insurance during the scope of this placement for unintentional bodily injury or property damage to a third party.

Parents, Please Provide the Following Information:

Transportation Type to Be Used _____

Student Covered by Auto Insurance yes no

Name of Auto Insurance Company _____

Auto Insurance Company Address _____

Policy Number _____

Agent Name _____ Phone _____

Student Covered by Medical Insurance yes no

Name of Medical Insurance Company _____

Medical Insurance Company Address _____

Policy Number _____

Agent Name _____ Phone _____

Students are accepted and placed without regard to age, disability, national origin, race, marital status, parental status, religion or gender.

Today's Date _____

Shadow for Semester 1 _____

Shadow for Semester 2 _____

Student Name (print)

Student Signature and Date

Parent/guardian Name (print)

Parent/guardian Signature and Date

Career Related Learning Experiences Coordinator (print name)

Phone