

**RUSH-HENRIETTA SENIOR HIGH SCHOOL
BUSINESS DEPARTMENT**

**CAREER SHADOWING PROGRAM
Application Packet**

STUDENT INSTRUCTIONS

STEP 1: TO ARRANGE A SHADOWING PLACEMENT:

- Complete the forms included in this packet:
 - Pg. 1 Career Shadowing Application
 - Pg. 2 Worksheet I
 - Pg. 3 Worksheet II (if applicable)
 - Pg. 4 Rush-Henrietta Release Form
 - Pg. 5 Parent Permission Form
- Turn in the completed forms listed above to Mrs. DeWald in the **College and Career Center**.

After you have turned in your completed forms, a placement will be arranged. Please allow at least two weeks for placement. Every effort will be made to place you with a mentor in the field of your choice, however placement is not guaranteed. Placement depends on the availability of a mentor in the chosen field, and your history of being a good representative of the Rush-Henrietta school community.

- Materials can be borrowed from the College & Career Center to help you complete your worksheets. Mrs. DeWald will be happy to assist you, if needed
cdewald@rhnet.org.

- **Make sure that your work is neat, accurate and complete. Copies of your application and worksheets will be forwarded to your mentor in advance of your visit.**

STEP 2: AFTER A PLACEMENT IS ARRANGED:

- Mrs. DeWald will contact you and give you a packet of information with the details of your placement. You will also receive any further instructions you might need.
- This packet will include a permission slip that must be signed by a parent/guardian.
- Contact your mentor either by phone or email to confirm your placement

**RUSH HENRIETTA SENIOR HIGH SCHOOL
BUSINESS DEPARTMENT**

**CAREER SHADOWING PROGRAM
APPLICATION PACKET**

STUDENT NAME: _____ GRADE _____ Date _____

Home Phone _____ Cell Phone _____

Email _____ Best way to reach you _____

What are the best days to schedule a shadowing placement for you?

A/C/E _____ B/D/F _____ School break/day off _____ Specific Date(s) _____

Would you like to Shadow for?

Full Day (typically 8 hours) _____ Half Day (4 hours) _____

How will you get to your placement? Driving Self _____ Parent/Guardian Driving _____ Other _____

Counselor _____

What occupation would you like to shadow? _____

1. What are your career and educational goals after high school graduation? Be as specific as you can.

2. Please explain how you became interested in this occupation. What attracted you to this particular job?

3. What do you hope to see during your placement? What do you hope to learn more about?

4. Describe any experience you have had with this occupation: (school courses, Exploring Post, volunteer work, relative working in the field, etc.)

Counselor Approval is required before you will be scheduled for a shadowing placement.

Counselor: Students participating in the Career Shadowing Program should be willing and able to demonstrate independence, maturity, and reliability as they progress through the various stages of participation and should be a good representative of Rush-Henrietta Sr. High School.

Counselor Signature

Date

CAREER SHADOWING WORKSHEET I

NAME _____ Occupation requested to shadow _____

Use “**Naviance**” to answer the questions in the box below. The log-in instructions follow.

1. Go to www.connection.naviance.com/rhshs
2. Student username: Last Name + First Initial + Graduation year
3. Password: student ID #
Ex: Jane Dow, Class of 2013
UserName: DoeJ13
Password: 123456
2. Once you are logged in, click on the **careers** button towards the top of the page
3. Select an occupation that you are interested in learning more about and would like to shadow
4. Answer the questions below

Be sure your work is neat and as accurate as possible - a copy of this form is sent to your mentor.

1. General description of the occupation: (overview tab)

2. List *three* important SKILLS for this career: (knowledge and skills tab)

3. List *three* important ABILITIES for this career: (knowledge and skills tab)

4. List *three* important knowledge areas for this career? (knowledge and skills tab)

5. What are *three* typical tasks for this occupation? (tasks and activities tab)

6. Consider the Earnings for this career. (wages tab)

What is the National Average Annual Earning for this position? _____

What is the New York State Average Annual Earning for this position? _____

7. What are some occupations related to this career? (overview tab)

8. What education and/or training is necessary? (you may have to go to another source to get this information)

CAREER SHADOWING PROGRAM WORKSHEET II

Using Naviance, select a college that has the major of the occupation that you are interested in to answer the following questions. (This can be found at the bottom of the **Overview** tab under the section titled *Related College Majors*)

Through your research below, try to find a college or university that would be an appropriate choice for you personally.

- 1) If a college education is necessary for your desired career, what major program of study would be the best preparation?

- 2) Find three colleges or universities that offer this major.

1. _____

2. _____

3. _____

- 3) Choose one of these colleges/universities to research further:

- 4) What is the total enrollment?

- 5) What percentage of applicants is offered admission?

- 6) What is the average high school GPA of the Freshman class? _____

- 7) What is the SAT/ACT average of most of the accepted students?

SAT Math _____

ACT (combined) _____

SAT Writing: _____

SAT Reading: _____

- 8) What is the total cost of attendance?

- 9) Use the institution's website.

Find the appropriate major on the school website.

List five of the required courses for this major.

1. _____

4. _____

2. _____

5. _____

3. _____

**RUSH-HENRIETTA CAREER SHADOWING PROGRAM
RELEASE, WAIVER AND AGREEMENT TO INDEMNIFY**

The student identified below has voluntarily elected to participate in the Career Shadowing Program. In making this election, the student and the student's parents* have considered the extent to which such participation might expose the student to risks above and beyond those normally associated with attendance at school. The student and the student's parents* understand that:

1. The activities involved in the Shadowing Program are, in large part, supervised by one or more persons who are not employees of the Rush-Henrietta Central School District;
2. Each occupation is unique. The types of activities, and the resulting risks, therefore vary. The student and the student's parents* have made such investigation as they deem necessary to fully understand the nature of the selected occupation and the risks, if any, associated with it;
3. The student will be required to cooperate with those in authority and to comply with lawful and reasonable directions given by such persons;
4. Rush-Henrietta Central School District shall have the right to terminate the student's participation in the Shadowing Program, at any time, in its sole discretion.

In consideration for the student's participation in the Shadowing Program, both the student and the student's parents* do hereby waive and release the Rush-Henrietta Central School District, its agents and employees from and on account of any claim for personal injury, including any claim for wrongful death, and any and all property damage arising out of or in any way due to the student's participation in the Shadowing Program, without regard to the cause of such injury, wrongful death or property damage.

The student and the student's parents* do further agree to indemnify and hold harmless the Rush-Henrietta Central School District, its agents and employees from and on account of any claim for personal injury, wrongful death or property damage, including the cost of defense against such claim or claims, arising out of or in any way due to the student's participation in the Career Shadowing Program.

Dated: _____

Occupation Selected

Student Signature

Print Student Name

Parent/Legal Guardian Signature

Print Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Print Parent/Legal Guardian Name

*Includes Legal Guardians where appropriate

PARENT PERMISSION FORM
RUSH-HENRIETTA CAREER SHADOWING PROGRAM

The Rush-Henrietta Career Shadowing Program is designed to provide Rush-Henrietta students with the opportunity to explore, observe, and evaluate specific occupations that may be related to their potential career interests. The purpose of the program is to provide an organizational framework that outlines an educationally sound process students can follow in order to investigate occupations that are of interest to them. Students will spend a work day, or part of a work day, with a community mentor who is currently employed in the occupation the student wishes to research and who has volunteered to host the student. All students who participate in this program should be willing and able to demonstrate independence, maturity, and responsibility through the various stages of participation. Every effort is made to place students with a mentor in the field of their choice, however placement is not guaranteed. Placement depends on the availability of a mentor in the chosen field, and the student's history of being a good representative of the Rush-Henrietta school community.

I have discussed the Rush-Henrietta High School Career Shadowing Program with

_____ and I give my permission for him/her
Student Name

to participate in the program.

I understand that transportation to the placement site is the responsibility of the student and his/her family.

Once a shadowing placement is made, I agree to provide transportation or to give my child my permission to drive himself/herself to the placement site.

Additionally, I agree to contact the mentor and the Work Based Learning Office at 359-5268 prior to 8:00 am on the day of the placement should a situation arise which would prevent the student from participating.

I understand that my son/daughter will be responsible for any class work missed during his/her absence on the day of the shadowing placement.

Signature of Parent / Guardian

Date

Daytime Phone Number

Students will be covered by the Rush-Henrietta School District's accident policy for accidental injury suffered while at the shadowing site or traveling to and from the site. The school accident policy provides coverage after exhaustion of all other coverage afforded the student under any other policy of medical insurance. The following identifies the family's insurance coverage:

_____ **Insurance Carrier**

_____ **Identification #**

_____ **Preferred Hospital**