



19 South 7<sup>th</sup> Street  
Estherville, IA 51334  
(712) 362-0441 (phone)  
(712) 362-0480 (fax)  
mbates@iowalakes.edu

## Job Shadow Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

County of Residence \_\_\_\_\_ Email \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Texting (circle one): **Yes** **No** High School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you currently enrolled in an ILCC Academy class, which Academy? \_\_\_\_\_

Would you be interested in getting more information about an Academy for next year? (circle one) **Yes** **No**

Are you a citizen of the United States? YES  NO  What is your gender? Male  Female

Is this a requirement for your class? YES  NO  If so, what class? \_\_\_\_\_

Select one or more race:  White or Caucasian  Black or African American  
 Hispanic/Latino  American Indian or Alaska Native  
 Asian  Native Hawaiian or other Pacific Islander  
 Other Ethnic Group  Prefer not to respond

### Parent/Guardian Information

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**\*PARTICIPATION RELEASE & MEDIA RELEASE ON BACK- NEEDS PARENT/GUARDIAN SIGNATURE!**

Go to <http://www.iowalakes.edu/connect> for additional career exploration opportunities

**Job Shadow Career Choices**

Please list three career pathways or hot jobs that interest you. If needed please see list of careers/jobs.

Special Requests: While we can't guarantee that a specific request will be available, please tell us what this career looks like to you. For example, if you choose Teacher as a career, which subject or grade level would you prefer? Is there anything specific that you'd like your host to cover?

List some of your interest, activities, and/or other career fields you are considering.

List any dates/times that you are not available to do your job shadow, i.e. team sports, classes, work:

**Transportation to and from the job shadow is the student's responsibility.** If there is a limit to the distance you can travel, please describe:

**Participation and Media Release**

*I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child.*

*I recognize that work-based learning opportunities of this nature have a risk of lost or stolen property, injury or even death during transportation to, from, on-site, and during the activities. I, on behalf of the child and for myself, waive any and all claims of liability arising from the child's participation in this opportunity, including claims against the following parties (and their employees, contractors, and volunteers): Iowa Lakes Community College, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.*

*I agree to defend, hold harmless, and indemnify Iowa Lakes Community College, the school, and the school district that the child attends, and the employer who hosted the trip (and their employees, contractors, and volunteers) from and against any and all claims of liability that derive from claims that I or my child make against any other parties from this work-site opportunity.*

*I give my consent to have Iowa Lakes Community College staff member contact my son or daughter at some future date to review their career development.*

**Media:** *I agree to allow my child's photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote the Iowa Lakes Community College Intermediary Network program. I understand that my child's photo/image will only be used in a positive manner in publications, print advertising, promotional materials or any other medium to inform others about the career exploration activities coordinated by the Intermediary Network program and the school districts.*

Yes--I will allow my child's image/comments to be used by Iowa Lakes Community College.

No-- I will not allow my child's image/comments to be used by Iowa Lakes Community College.

I understand transportation to and from all job shadows is the responsibility of the student or parent. Connect @ Iowa Lakes will not provide transportation. (Please initial on the line)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Representative Recommendation and Comments**

**As your student's success is our goal, please indicate any accommodations or support this student will need.**

Does this student have an IEP? Yes / No Special accommodations or support needed: \_\_\_\_\_

This application has been reviewed and approved.

**School Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Connect @ Iowa Lakes programs provide equal opportunity to all persons regardless of sex, race, age, creed, color, national origin, religion, sexual orientation, marital status or disability.