**Job Shadowing Application**

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| **Please complete the following information:** | |  |
| **Student Name:** | | |
| **Home Address:** | |  |
| **School:** | | |
| **Phone Number:** | |  |
| **E-mail Address:** | | |
| **Career area of interest:** |  | |
| **Do you have a particular office or facility you would like to go to?** | Yes No | |
| **If so, please list name and location:** |  | |
| **Parent/Guardian Name:** | | |
| **Parent/Guardian Home Address:** | |  |
| **Parent/Guardian Phone Number:** | | |
| **Parent/Guardian E-mail Address:** | |  |
| **Parent/Guardian Signature:** | | |

***Mail the completed form within one month after attending the Scrubs Camp to:***

Local Contact Information Here