NWILED Job Shadow Program

Verification Form

This form is considered complete once Steps 1 and 2 are complete. NWILED processes this form.

Step 1 – ALL PARTS TO BE COMPLETED BY THE PARTICIPANT:

Date: _____

Participant/Student Name: _____

Age & Birthday: _____

Participant Home Address: _____

High School (if applicable): _____

Career Interests (2): #1 _____

#2 _____

Preferred Job Shadow Date: _____

Preferred Job Shadow Location: _____

By signing this document, I understand that NWILED's job shadowing program is a service designed to help me identify careers of interest and I agree to:

- Complete an orientation about the job shadow with NWILED, look up the host business, and complete any required safety training.
- Dress appropriately for the worksite.
- Follow the rules and safety standards set forth by the host business and by NWILED.
- Obey all confidentiality rules of the host business and ask questions if I am unsure.
- Arrive early and leave when scheduled. I agree to notify NWILED and the host business before the start of the job shadow day if I am unable to attend.
- Understand that the job shadow period may be shortened or terminated due to unforeseen circumstances or if my behavior or dress is inappropriate.
- Always display positive and appropriate work behavior and be courteous.
- Respect the worksite by turning off my cell phone.
- Be responsible for my own transportation unless other arrangements are made.

- Submit the **Job Shadow Experience Questionnaire** within one week of the completion of the job shadow and understand that I will not earn my Certificate of Achievement if the questionnaire is not submitted to NWILED.
- Contact David Schmit, NWILED Regional Director, on 815-297-7361 with any questions.

Signature of Participant: _____ Date: _____

Signature of NWILED _____ Date: _____

Parent/Guardian Signature (if applicable) _____ Date: _____

School Name (if applicable) _____ Date: _____

School Office Signature (if applicable) _____ Date: _____

Step #2 – ALL PARTS TO BE COMPLETED BY HOST BUSINESS:

NWILED will forward Step #1 details to the Job Shadow Host Business.

Host Business - Thank you for providing this valuable growth opportunity to this participant. Your participation helps bring this individual's future into focus. Please sign off below to verify the participant's attendance and participation details. Once completed, please return your Step #2 details to NWILED who will then connect you with the job shadow participant.

Job Shadow Host Business Name: _____

Job Shadow Professional Name: _____

Job Shadow Professional Title: _____

Job Shadow Professional Work Address: _____

Job Shadow Professional Email Address: _____

Job Shadow Date: _____

Job Shadow Start/End Time: _____ / _____

Job Shadow Safety Details: _____

Job Shadow Dress Code: _____