



JOB SHADOWING APPLICATION

LMC Brentwood Center is sponsoring this Job Shadowing Activity with the Rotary Club of Brentwood

CONTACT INFORMATION

STUDENT NAME:

STUDENT ID#:

EMAIL:

PHONE NUMBER:

TERM YOU ARE APPLYING FOR:

FALL

SPRING

YEAR:

EDUCATIONAL INFORMATION

MAJOR:

UNITS COMPLETED:

GOAL:

(Degree, Transfer, Certificate, Training)

FAVORITE SUBJECTS:

WORK EXPERIENCE (Part-Time/Full-Time)

EMPLOYER:

TYPE OF POSITION:

Full-time

Part-time

RELATED TO FUTURE WORK:

Yes

No

EMPLOYER:

TYPE OF POSITION:

Full-time

Part-time

RELATED TO FUTURE WORK:

Yes

No

INDICATE AVAILABILITY

Do you have a preference of when you would like to go to the jobsite?

1ST Preference

Day of the week: _____ Time(s): _____

2ND Preference

Day of the week: _____ Time(s): _____

3RD Preference

Day of the week: _____ Time(s): _____

4TH Preference

Day of the week: _____ Time(s): _____

NOTE: Specific job shadowing dates will be made between student and Rotarian.

Are you available to have lunch with the Rotary Club of Brentwood on Mondays from 12pm – 1:30pm?

Yes

No

LIST OF CAREER/JOB POSITIONS YOU WISH TO SHADOW

Check all you are interested in.

ADMINISTRATION:

Elementary/Middle Schools Administrator

City Management/Governance

Law Enforcement

High School District Administrator

College Administration/Faculty

FINANCIAL/BUSINESS:

Financial Advisor

Banking

Sales and Marketing

Securities

BUSINESS OWNERS:

<input type="checkbox"/> Construction/Landscape Services	<input type="checkbox"/> Insurance	<input type="checkbox"/> Real Estate/Property Management
<input type="checkbox"/> Recycling	<input type="checkbox"/> Employment/Placement Services	<input type="checkbox"/> Bowling
<input type="checkbox"/> Movie Theater Management	<input type="checkbox"/> Automotive	<input type="checkbox"/> Sales – Office Furnishings

RECREATION:

Recreation/Parks Bowling Family Center

OTHER:

<input type="checkbox"/> Youth Counselor	<input type="checkbox"/> Counseling	<input type="checkbox"/> RN	<input type="checkbox"/> Dentist
<input type="checkbox"/> Attorney	<input type="checkbox"/> Architect	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Medical Research
<input type="checkbox"/> Community Service	<input type="checkbox"/> Editor/Writer	<input type="checkbox"/> Engineer (Civil)	

Select four occupations you would be interested in Job Shadowing?

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____ 4th Choice: _____

List any occupation(s), not listed above; you would be interested in job shadowing?

Your job shadow appointment will be arranged for a time that is convenient for both the person you will be shadowing and you during normal business/school hours. Please return this application as soon as possible to Sharen McLean in the LMC Brentwood Center front office.

_____ Date _____

Student Signature

JOB SHADOW PLACEMENT FOR OFFICE USE ONLY

BUSINESS:	PHONE #:	EMAIL:
CONTACT PERSON'S NAME:	DATE OF SHADOW:	TIME:

COMMENTS:

BUSINESS:	PHONE #:	EMAIL:
CONTACT PERSON'S NAME:	DATE OF SHADOW:	TIME:

COMMENTS: