



JOB SHADOWING APPLICATION

LMC Brentwood Rotaract Club sponsoring 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
- High School District Administrator

- City Management/City Governance
- Hospital Administration

- Law Enforcement
- College Administration/Faculty

BUSINESS OWNERS:

- Construction/Landscape Services
- Recycling

- Insurance
- Employment/Placement Services

- Real Estate/Property Management
- Bowling

FINANCIAL/BUSINESS:

- Financial Advisor
 Sales and Marketing

- Banking
 Securities

RECREATION:

- Recreation/Parks

- Bowling Family Center

OTHER:

- Youth Counselor
 Attorney

- Counseling
 Architect

- Editor/Writer
 Veterinarian

- Dentist
 Medical Research

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 will be arranged for a time that is convenient for the person you will be shadowing and your schedule during normal business/school hours. Please return this application to Thais Kishi, Rotaract Advisor at the LMC Brentwood Center front office.

 Student Signature

 Date

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:**