**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