

**2023
Job Shadow Participation Form**



Name of Student/Teen:	Application Date:
Parent/Guardian's Name:	Parent/Guardian Cell Phone Number:
Address:	City/State/Zip:
Student/Teen Cell Phone Number:	Student/Teen Email Address:
Parent's Email Address:	Additional Contact Email or Phone:
Name of School:	Grade:
Name/organization that referred you:	Organization's contact information:

Character references: (two adults, no relatives, you have known for at least one year, teacher, coach, current/previous employer, counselor, minister, etc.)

Name _____ Years Known _____
 Phone # _____ Relationship _____
 Cell # _____ City _____ State _____

Name _____ Years Known _____
 Phone # _____ Relationship _____
 Cell # _____ City _____ State _____

Total Hours of commitment: _____ Start Date _____ End Date _____

Availability	Thursday	Friday	Saturday	Optional date: 8/6/2023
8:30 a.m. – 12:30 p.m.				

jobshadowDk112012

Office Use Only Date Received: _____
 Date sent 6/23/2023

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Cell _____ Work phone _____

Name _____ Relationship _____

Home phone _____ Cell _____ Work phone _____

Any medical condition/allergies: _____

Student's Signature: _____ Date: _____

Parent/Guardian Complete Section Below: (if applicable)

In order to benefit from this program, your teenager requires 100% support from you. Please make certain your teen arrives on time and is picked up in a timely manner.

I give my teen _____ permission to participate in the Job Shadow volunteer program with the Hermann Park Conservancy at Hermann Park. I understand that the program will run for approximately 4 hours per day during the agreed upon time period. My teen will commit to at least 20 hours during the designated time schedule starting in July 2023 or an agreed upon commitment of hours following the summer 5-week program or within a 6 month period of time from program start date.

I certify that the information of this application is complete and correct to the best of my knowledge.

I authorize the Hermann Park Conservancy Volunteer Department to use this information in determining my teen's acceptance and placement as a volunteer.

Print Parent Name: _____

Parent Signature: _____ Date: _____

Please send to: Volunteer Department, Hermann Park Conservancy, 1700 Hermann Drive, Houston, Texas 77004, or email volunteer@hermannpark.org .

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Office Use Only Date Received: _____

Date sent 6/23/2023