



## APPLICATION

For more information contact:  
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[Rotary-Belleville.org](http://Rotary-Belleville.org)

*try a career for a day!*



**making connections work**

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**Rotary Club of Belleville**

### ***Is this job for me?***

This is your chance to spend time with a mentor to 'try on' a job. Spend an entire day with a professional so you can discover career options.

### ***There are many professions to choose from such as:***

Medical, Financial Planners, Real Estate, Retail, TV Production, Marketing & Advertising, IT and more!

### ***Are you ready to try out a career?***

Sign up with your guidance department for Job Talk today!

## About Job Shadowing

Shadowing is a short-term educational experience that introduces an individual student to a particular job or career by pairing the student with an employee of a business, industry or agency. By following or "shadowing" the employee, the student becomes familiar with the duties associated with that occupation, the physical setting of the occupation, and the compatibility of the occupation with his or her own career goals.

## Rationale of Job Shadowing

Shadowing develops an awareness of the educational and technical skills required for entry and advancement in a specific occupation. The student becomes familiar with the work-site environment and the job-related characteristics of the specific job or career. Shadowing provides students the opportunity to discuss areas of interest or concern with the employee in the "real world" occupation they are shadowing. By providing a relevant experience outside the classroom, employers are able to contribute to the education of youth and help prepare students for future career opportunities.

The student should be prepared for the job shadowing by having done a lot of research in order to ask the right questions at the work place. Unprepared students will not get the benefit out of this program.

***READY? Fill out the form to get started.***



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Please print neatly

**STUDENT**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

***I have done a lot of research on my career options, and I'd really like to explore the area of:***

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***I'd like to take a few minutes to let you know what my goals are for the work experience:***

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I am looking forward to the opportunity to learn more about the career I would like to explore.

Signature: \_\_\_\_\_



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**PARENT/GUARDIAN**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**SCHOOL**

**School:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Student's Preparation:** \_\_\_\_\_

\_\_\_\_\_  
You can leave this part empty until arrangements have been made:

**Employer:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Time Start:** \_\_\_\_\_

**Time Finished:** \_\_\_\_\_

**Specific Requirements:** \_\_\_\_\_



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**PARENT/GUARDIAN CONSENT & WAIVER FORM FOR ONE DAY JOB SHADOWING**

Please complete and return to Rotary Belleville, via school counsellor, at your earliest convenience prior to the proposed date.

Permission is granted for my son/daughter to participate in the following field trip:

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Employer/Location:** \_\_\_\_\_

**Activity:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I/We, hereby acknowledge that sufficient information has been provided by the school with respect to the planned activity, duration, location.

I/We, hereby acknowledge that certain RISKS OF INJURY are inherent to participate in learning activities outside the school. These types of injuries may be minor or serious and may result from one's actions, or the actions or inaction of others, or a combination of both.

I/We understand that the Rules and Regulations established for the job shadowing are designed for the safety and protection of the participants and hereby undertake to inform my child to abide by these rules and regulations.

I/We understand that a minimum level of fitness and health (physical, mental and emotional), is required.

I/We declare having read and understood the above Parental Consent Agreement in its entirety and hereby consent to allow my/our child to participate, acknowledging all of the foregoing.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



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**PERMISSION TO USE PHOTOGRAPHY / VIDEO**

**Location:** \_\_\_\_\_

I grant to the Rotary Club of Belleville, the right to take photographs/ videos of my son/daughter in connection with the above-identified event. I authorize the Rotary Club of Belleville, its assigns and transferee's to copyright, use and publish the same in print and/or electronically.

I agree that the Rotary Club of Belleville may use such photographs/ videos of my son/daughter with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature, Parent or Gaurdian:** \_\_\_\_\_  
(if under age 18)