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Job Shadow Program Overview

The Job Shadow Program provides an opportunity for students to explore, firsthand, occupations that interests them. Student/s will be paired with a professional employed in their prospective occupation and will shadow them at their place of employment during winter or spring break. From participating in this program students will be able to:

- Interact with professionals and learn skills needed to be successful in that occupation
- Take a behind the scene look at daily work activities involved in that occupation
- Enhance their academic experience
- Network and build relations with professionals

Eligibility Requirements:

Freshman or sophomore students currently enrolled in BSU and in good academic standing with a minimum 2.0 or above GPA are eligible to participate in this program. Transfer students must complete at least one (1) semester at the university prior to being eligible to participate.

Application Process:

Applicants must submit a completed Job Shadow Program Application to the Program Coordinator. Applications for this program can be obtained from the Career Development Center. The application process entails the following:

1. Submit application materials to the Program Coordinator in the CDC by the application deadline. The following application materials are required:
   a. Job Shadow Program Student Application
   b. Most current unofficial transcript
   c. Resume
   d. One page essay addressing why you want to participate in this program
   e. The Recommendation Form (Should be mailed or faxed directly to the CDC by the person completing the recommendation form)

2. Applications will be reviewed by the Program Coordinator.

3. Upon review, a meeting will be scheduled with the Program Coordinator to discuss available employer sites, review program expectations, and sign the Program Agreement form.

More than one student may be assigned to an employer site. The Program Coordinator will contact the employer to give them the name of the student/s who will be visiting their site.
The Career Development Center
Job Shadow Program Student Application

PART I:

Name ___________________________________________ Student ID ______________________

Email ___________________________________________ Phone _________________________

Major ___________________________________________

Concentration (if applicable) ____________________________

Cumulative GPA __________________________

1st Occupation of Interest ____________________________

2nd Occupation of Interest ____________________________

3rd Occupation of Interest ____________________________

PART II:
On a separate sheet of paper please indicate, in essay form, why you want to participate in this program. Include your name and Student ID Number in the top left corner of each page.
Job Shadow Program
Recommendation Form

Students must complete the top portion of this form prior to giving it to a faculty member. This form should be returned to the Program Coordinator in a sealed envelope by the application deadline.

Student Name ____________________________________ Student ID ____________________________

Email ___________________________________________ Phone ____________________________

Major ____________________________________________
Concentration (if applicable) __________________________________________________________

Faculty Name ____________________________________ Phone ____________________________

The Job Shadow Program provides an opportunity for students to explore, firsthand, occupations that interests them. From participating in this program students will be able to interact with professionals and learn skills needed to be successful in that occupation; take a behind the scene look at daily work activities involved in that occupation; enhance their academic experience; and, network and build relations with professionals.

Please indicate below your reasons for recommending this student for this program and how this program will be beneficial for the student. Feel free to attach a separate page if needed. Thank you for completing this recommendation form.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Faculty Signature __________________________________ Date ______________ Department ____________________________
Job Shadow Program Agreement

This form must be brought with you when meeting with the Program Coordinator to discuss your application. This form should only be signed at this meeting.

Student Name ___________________________________  Student ID ____________________

Email ___________________________  Phone ________________________________

Major _______________________________________________________________________

Concentration (if applicable) _________________________________________________

Office use only (Program Agreement must be signed during meeting with Program Coordinator)

Job Shadow Program Site _____________________________________________________

Employer Contact __________________________________________________________

Job Shadow Dates ___________________________________________________________

I am aware that the Job Shadow Program is only operational during the dates of winter or spring break as determined by the university. I agree to the assigned job shadow site indicated above. I will report to the site on the dates as indicated by the participating employer. I agree to notify the Program Coordinator and the employer if I am unable to participate throughout the duration of the aforementioned job shadow dates. I am aware that transportation to and from the site and costs associated with this travel are solely my responsibility. I agree to represent the university in a professional manner by adhering to the university core values – excellence, integrity, civility, diversity and accountability.

____________________________________________________    _________________________
Student Signature                      Date

____________________________________________________    _________________________
Program Coordinator Signature        Date
Job Shadow Program
Document Checklist Form

Do you have all of your Job Shadow Program application materials? Use the checklist below to ensure you have all of the required documents to submit to the Program Coordinator.

☐ Job Shadow Program Application Form
☐ Essay
☐ Most current unofficial transcript
☐ Resume
☐ Recommendation Form
☐ Program Agreement