



## STUDENT OBSERVATION & JOB SHADOW APPLICATION

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

### STUDENT INFORMATION:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY NOTIFCATION:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### SCHOOL INFORMATION:

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

Grade: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Guidance Counselor/ Teacher/ College Advisor: \_\_\_\_\_

### SIGNATURE(S):

Student: \_\_\_\_\_

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

Student: \_\_\_\_\_

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

Parent or Guardian if student is under the age of 19

**Please return to: BCHCC, Attention: Laura Daro, 372 S 9<sup>th</sup> Street, David City, NE 68632.**

**(Additional Documents: Photo Release, HIPAA Confidentiality Statement, Availability Form)**