

## BB2C Job Shadowing Parent Permission and Waiver of Liability

### Participant Responsibilities:

- \*Sign Permission and Waiver of Liability form and return to Tonya Davis, BB2C Coordinator, prior to job shadowing date.
- \*If emergency arises, contact BB2C Coordinator to let her know you cannot go to placement (740-370-6399)
- \*Conduct self in a professional manner (be prompt, appropriate attire, good manners, be respectful)
- \*Follow all safety and security policies and procedures.
- \*Be appreciative of time spent with business
- \*Send thank you note after completed placement

The participant will be assigned a job shadowing experience with a business/professional person who has volunteered to spend time with the participant to observe their career field. Participants in the job shadowing program are responsible for their own transportation to and from the shadowing site. In addition, schools, Building Bridges to Careers, and Washington County Family and Children First cannot be responsible for the participant while visiting the site. Every reasonable and responsible effort will be made to assure the safety, health, and welfare of the participant.

I, as the participant or the parent of a participating child under 18, understand there is no direct school supervision of participants while on the job shadowing site. Supervision is provided by the adult resource/business person and I accept full responsibility for the safety and well being of myself as a participant or my child as a parent.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## **BB2C Job Shadowing Confidentiality Agreement**

I, \_\_\_\_\_, know that dependent upon where my job shadow placement is located, I may come into contact with confidential information. That being said, by signing this form I agree to NOT discuss specific information with anyone that does not work with me directly at my job shadow placement site.

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

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

\*If the business provides an additional confidentiality agreement, please sign as directed.