

Norman Chamber Of Commerce 2013 Job Shadowing Program for Cleveland County High School Juniors and Seniors

Important Deadlines

January 23 – Student returns application and medical forms to school counselor.

January 25 – School counselor faxes forms to Andrea Melvin.

February 1 – Students learn their Job Shadow site.

February 5 – Students arrive at their Job Shadow site at 9 am.

February 13 – Students return Job Shadow evaluation to school counselor.

February 15 – Counselor faxes evaluations to Andrea Melvin.

Student Responsibilities in Job Shadowing

Prior to the Site Visit

- _____ Discuss job shadowing with your parents(s).
- _____ Inform your teacher or school counselor of your interest in the NWC Job Shadowing Program.
- _____ Work with parents to make transportation plans.
- _____ Return application (2 pages), signed release, and medical forms to the school counselor by **January 23rd**.
- _____ Research information about meteorology and weather careers.
- _____ Confirm your appointment two days before your scheduled visit. (Be sure to contact Andrea Melvin (325-2652), if you cannot make it to your appointment.

During the Visit

- _____ Show up on time. Stay for the full time scheduled or report back to school.
- _____ Dress neatly. Business casual is acceptable (khakis, slacks, dresses, skirts, collared shirts).
- _____ Be sure to park in the designated Visitor Area. If you are unsure where this is located, be sure to ask your host. If you park, anywhere else, you may receive a ticket.
- _____ Check in at the building Security Desk. Be sure to provide the name of the person you are there to see.
- _____ Greet your Job Site Host.
- _____ Be courteous. Remember, you are not only representing yourself, you are representing your school.
- _____ Listen and follow any instructions carefully. Observe, ask thoughtful questions and take notes.
- _____ At the end, ask the job host to complete the Attendance Verification. You must return this form to your school counselor.
- _____ Ask host for either a business card or agency brochure that contains the agency's mailing address.
- _____ Graciously thank your host for his/her time.

After Visiting the Job Site

- _____ Complete Student Evaluation and return form to your school counselor.
- _____ Turn in Attendance Verification to your school counselor.
- _____ Write a thank you note to your job site host/supervisor.

Job Shadow Application Checklist

Applications are complete and ready for submission when they include the following:

- ___ Application form (2 pages) – complete and legible, requires school counselor approval
- ___ Signed Release form – requires student and parent signatures, if student is under 18 years of age
- ___ Medical Authorization/Emergency contact form

Students return above documents to your school counselor by **January 23rd**. **Counselors** fax completed application to Andrea Melvin, Norman Chamber of Commerce/NWC Job Shadow Program at (405) 325-2550 by **January 25th**.

Students will be notified of their Job Shadow assignment by February 1st. Job Shadow activities will be held on February 5th.

Post Job Shadow Checklist

Be sure to do the following after your Job Shadow Experience:

- ___ Have your job shadow host complete the Attendance Verification Form. ***Get this signed before you leave the job site.***
- ___ Return the Attendance Verification Form to your school counselor.
- ___ Complete the Job Shadow evaluation form (2 pages)
- ___ Return the Job Shadow evaluation form to your school counselor.

Counselor - Fax completed evaluations to Andrea Melvin, Norman Chamber of Commerce/NWC Job Shadow Program at (405) 325-2550 by February 15th.

Job Shadow Application Form

Please write neatly or type.

Student Section

Student's Name: _____ Age: _____ Year in School: _____ Date: _____

Mailing address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Race (optional): Alaskan Native American Indian Asian/Pacific Islander Black Caucasian Hispanic

US Citizen Yes No Country: _____

Citizenship information needed for access to some federal government agencies. Additional Passport information may be requested for Non-US citizens.

Indicate preferred career focus. Label your top three (3) choices. (1 - most preferred)

_____ Forecasting	_____ Research	_____ Instrumentation
_____ IT Support	_____ Computer Modeling	_____ Web Development
_____ Public Relations/Outreach	_____ Video Production	_____ Private Sector
_____ Other _____		

Briefly describe your motivation to seek a job shadow opportunity in a meteorology career field.

Please describe any requirements your school has for participating in a job shadow event.

What are your goals for Job Shadowing? Please select at least three (3) goals. Rank your goals in order of importance. (1 - most important)

- _____ Observe and experience the day-to-day activities of the occupation.
- _____ Become aware of the negative challenges, frustrations, and problems of working in this field.
- _____ Become aware of the positive challenges, accomplishments, and rewards of working in this field.
- _____ Learn the personal attributes, skills, and talents necessary to be effective in the field.
- _____ Find out the fringe benefits and rewards of working in this profession.
- _____ Discover what earnings and advancement opportunities exist.
- _____ Learn occupation's outlook, including current trends and developments, growth expectations, etc.
- _____ Find ways to learn more about the field.
- _____ Determine if graduate school or additional training is required for the field.
- _____ Discover what career paths are similar to a career in this profession.

School Counselor Section

Name: _____ Title _____

School: _____ Email: _____

Phone: _____ Work Cell

As your students' success is our goal, please indicate any accommodations (IEP) or support this student will need.

This application has been reviewed and approved.

School Counselor Signature: _____ Date: _____

Job Shadow Application Form

Please write neatly or type.

Student's Name: _____ School: _____

List your favorite classes, hobbies, and extracurricular activities:

Describe any work or volunteer experience:

What do you hope to learn from this job shadow experience?

What weather phenomena are you most intrigued or interested in:

Describe your education/career plans and goals:

Students: Please return your application and release forms to your school counselor immediately.

School Counselors: Fax a copy of all student medical forms to:
Andrea Melvin
Norman Chamber of Commerce and NWC Job Shadow Program
Fax: (405) 325-2550



Release Form

Participation Acknowledgment and Liability Release

Central Oklahoma is unique in the number of weather agencies and companies clustered together. These agencies and companies range from offices of the federal government to university research units to private companies. The Norman Chamber of Commerce and the weather agencies/companies want to become a valuable resource for Cleveland County high school students interested in meteorology and related career fields. Participating agencies/companies have agreed to provide a job shadow February 5th, 2013. We have established the following requirements and guidelines for student participation:

- Each student must attend a Cleveland County high school or be a homeschool student living in Cleveland County. Residents of other counties will be considered if space is available.
- All participants must submit a completed, signed Job Shadow application, signed release, and medical authorization forms to their school counselor by January 23rd.
- A teacher or school counselor must be aware of the student's application and sign the form.
- Job shadow opportunities may be limited to one visit per student (Note: Students may want to apply to shadow a different agency/company in subsequent years. Be aware that first time applications or students who did not get matched in previous years will be placed before former participants.)
- Students must have transportation to and from job shadow site.
- Students must be neatly dressed and behave in a professional manner.
- The Job Shadow Committee attempts to fulfill as many requests as possible in the career focus areas selected but may suggest another department in order to fulfill a request and cannot promise or guarantee that all requests will be fulfilled.
- Students and school counselors will be notified of Job Shadow Site assignment and contact information by February 1st.

I am the student or parent or guardian of the minor student whose name appears on this application and I have authority to make legal decisions for the benefit of this student.

I recognize that there is a risk of lost or stolen property, injury or even death during transportation to, from, on-site, and during the activities of participating in a work-place environment. I, on behalf of the student and for myself, waive any and all claims of liability arising from the students participation in this opportunity, including claims against the following parties (and their employees, contractors and volunteers): the Norman Chamber of Commerce, the University of Oklahoma, the National Oceanic and Atmospheric Administration, the school and school district that the student attends, and the employer who hosted the job shadow opportunity.

I agree to defend, hold harmless, and indemnify the Norman Chamber of Commerce, the University of Oklahoma, the National Oceanic and Atmospheric Administration, the school and school district that the student attends, and the employer who hosted the job shadow opportunity from and against any and all claims of liability that derive from claims that I or my student make against any other part arising from this job shadow opportunity.

I understand that school officials will not be present at the job shadow site. Yes No

I will allow my student to drive himself/herself without passengers to and from the job shadow site location. Yes No

I will personally provide my student with transportation to and from the job shadow site location. Yes No

Note: Person picking up student is required to enter the Job Site building and show valid identification to Job Host before student will be released.

I give my consent to have a Job Shadow Committee Member contact me or my minor son or daughter with details on the student's Job Shadow assignment or at some future date to review his/her experiences with the Norman Chamber of Commerce's Job Shadow Program. Yes No

I certify that I have read and understand the Job Shadow rules and have explained said rules to my minor student. I understand and agree to notify the Job Shadow supervisor Andrea Melvin at 405-325-2541 immediately of any injuries sustained by my minor child as a result of the Job Shadow event and of any inappropriate behavior experienced by my minor child related to the Job Shadow event. I also understand and agree that should any issues of sexual misconduct, harassment, or assault occur, I will immediately report those to both the Job Shadow supervisor Andrea Melvin at 405-325-2541 as well as the University of Oklahoma's Sexual Misconduct Office at 405-325-2215, www.ou.edu/content/eoo/policies.html.

I certify and agree that I am to pick up and drop off my minor student (unless I have given my student permission to drive himself or herself) only as designated places and times. Should I fail to timely pick-up my minor child at the designated area, I understand he/she will be taken to the OU Police Department located at 2775 Monitor Avenue, Norman, OK or 405-325-2864 for pick-up.

Student Signature

Parent/Guardian Signature (if student under 18 years of age)

Printed Parent/Guardian Name

Parent's email address

Date



Parent/Guardian Medical Authorization

Please write neatly or type.

Should it be necessary for my child to have medical treatment while participating in the job shadow, I hereby give the school district and/or worksite personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate. Yes No

Student's name _____

Date of birth _____

Home address _____

Parent/guardian _____ Phone _____

School Official _____

Title _____ Phone _____

Family doctor _____ Phone _____

Does your child require special accommodations due to medical limitations, allergies, disabilities, dietary constraints, or other restrictions?
 Yes No

If yes, please explain any that are required.

Emergency Contacts (also authorized for student pick-up)

The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list non-registering parents, guardians, and others you would like us to contact if we cannot reach you.

1. Contact Name (First and Last)			Relationship
Daytime Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	Zip
2. Contact Name (First and Last)			Relationship
Daytime Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	Zip

Pick Up Authorization

Please list individuals who are authorized to pick up your student. If an individual is not listed as the parent/guardian, as an emergency contact, or in this section, your student will not be released. We **will not accept** voice authorization for pick-up.

1. Name	Relationship	Day Phone	Evening Phone
Address			
2. Name	Relationship	Day Phone	Evening Phone
Address			

 Signature of Parent/Guardian

 Date

Media Release

Yes, I agree to allow my or my student's evaluation comments, photograph, videotape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote the Norman Chamber of Commerce's Job Shadowing Program. I understand that my child's photo/image will only be used in a positive manner in publications, print advertising, promotional materials, web sites, social media (e.g., Facebook, Twitter) or any other medium to inform others about the job shadowing activities coordinated by the Norman Chamber of Commerce's Job Shadow Program for Cleveland County high school students.

No, I will not allow my or my child's comments/image to be used by the Norman Chamber of Commerce's Job Shadowing Program.

 Student Signature

 Date

 Parent/Guardian Signature (if student under 18 years of age)

 Date

Students: Please return your medical form to your school counselor immediately.

School Counselors: Fax a copy of all student medical forms to:
 Andrea Melvin
 Norman Chamber of Commerce and NWC Job Shadow Program
 Fax: (405) 325-2550

Job Shadowing Attendance Verification

Please write neatly.

I verify that on _____ from _____ until _____ ,
Date Time Time

_____ was present at _____
Student Name Job Shadow Agency/Company

as part of the shadowing experience with Norman Chamber of Commerce's Weather
Committee and _____ school.

Host Name

Job Title

Phone Number

Email

Student Signature: _____

Job Host Signature: _____

If your school requires a different form, be sure to provide a copy of the form to your Job Shadow Host. Have the Host complete the school form before you leave.

Give the completed form to your school counselor when you return to school.

Student Evaluation of Job Shadow Experience

Please write neatly or type.

Student Name _____ Date Shadowed _____

Career Focus Shadowed _____

Job Host's Name _____ Job Host Agency/Company _____

1. Did you feel prepared to shadow your host? Yes No

If no, how can the Job Shadow Coordinator or your school counselor improve the information provided to better prepare you to Shadow? _____

2. Did you have enough time to shadow your sponsor, to complete scheduled activities and to meet your goals?
 Yes No

If no, what barriers did you encounter? _____

3. What activities did you participate in while shadowing? _____

4. Concerning your Job Host, check appropriate box:

Was Host prepared for you to shadow:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was Host approachable and helpful:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Answered your questions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organized appropriate activities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suggested ways for you to enter the field:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explained job and career field:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assisted you to reach your Job Shadow goals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you recommend this HOST to other students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Would you recommend this agency/company to other students? Yes No

Please explain if you were disappointed while Shadowing (the experience or Host): _____

6. Do you have any comments or recommendations for the Job Shadowing Program? _____

See Back Side

7. What was the most significant thing you learned or gained from your Shadowing experience? _____

8. How did this experience influence your academic/career goals? _____

9. How will you use this information? _____

10. What did you like **best** about the shadowing experience? _____

11. What did you like **least** about the job shadowing experience? _____

12. Rate your shadowing experience overall.

- Excellent Very Good Good Not Good Poor

Please explain: _____

Students: Please return your evaluation form to your school counselor immediately.

School Counselors: Fax a copy of all student evaluations to

Andrea Melvin
Norman Chamber of Commerce and NWC Job Shadow Program
Fax: (405) 325-2550