

Detach this page and turn in before completion of job shadow/internship.

## Career Academy 30 hours Job Shadow/Internship Application

Please Print Neatly

Organization or Business		
Host Name		
Address, City, State, Zip		
Best Phone for Host		
Email for Host		
Proposed Job Shadow Experience		Number of Hours:

On behalf of the above organization/business, I agree to host the Legacy Christian Academy student named below for a Job Shadow Experience for the hours listed above. I understand that a representative from Legacy may contact me about this opportunity and may visit the student on the job site during the Job Shadow. I further represent that I am not a parent of this student.

**Host:** \_\_\_\_\_  
Name (Please Print) Signature Date (MM/DD/YY)

I give permission for my child to participate in the Job Shadow Experience described above. I understand that my child will not be under the direct supervision of a Legacy Christian Academy employee during the Job Shadow Experience. Further, I understand that I am responsible for any needed transportation.

**Parent:** \_\_\_\_\_  
Name (Please Print) Signature Date (MM/DD/YY)

I agree to conduct myself in a professional manner that reflects well on me, my family, Legacy Christian Academy, and my Savior, Jesus Christ. Additionally, I agree that I will:

- Participate at the site listed above during the hours notated.
- Keep a *Job Shadow Experience Daily Time Log* with my hours, signed by my host.
- Write a 2-3 page reflection paper, due to the Academic office on or before the last Friday in April.

**Student:** \_\_\_\_\_  
Name (Please Print) Signature Date (MM/DD/YY)

**Director of Academics Approval:** \_\_\_\_\_  
Signature Date (MM/DD/YY)

**Note: This form must be turned in to the Academic office at least two weeks prior to the start of the job shadow/internship.**

Return after completion of job shadow/internship.

## Legacy Christian Academy Job Shadow Experience Daily Time Log

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DAY/DATE	START TIME	END TIME	HOURS
		TOTAL HOURS:	

I acknowledge that \_\_\_\_\_ completed the total hours above in a Job Shadow Experience during the current school year.

Host: \_\_\_\_\_

Name (Please Print Legibly)	Signature	Date (MM/DD/YY)
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**STUDENT REQUIREMENTS:**

To receive credit for your Job Shadow Experience, you must:

- Complete at least 30 hours of Job Shadow Experience in your academy field.
- Write a 2-3 page reflection paper (typed, 12 point font, double-spaced) about your Job Shadow Experience. Include at least four paragraphs: a summary of your experience, the most and least enjoyable parts of the experience, how a person can serve Christ through this career field, and the significance of this experience to you as you consider your future career.