

**Escondido Education COMPACT**

**Job Shadow Day**

**Please complete &**

 **return before**

**October 1st!**

Business Participation Information

Thursday, October 25, 2018- 8:30 AM to 1:30 PM

|  |  |
| --- | --- |
| 1. **Name of Business/Agency:**
 |  |
| **Address:** |  | **City:** |   | **Zip Code:** |   |  |
| **Type of Business/Agency:** |  |  |
| **Contact Name:** |   | **Job Title:** |   |  |
| **Telephone #:** |   | **Fax #:** |   | **E-mail:** |  |
| **Contact on the day of JSD:** |   | **Phone:** |   |
| ***Mandatory:* Alternate Contact:** |   | **Phone:** |   |
| **Have you previously participated in Job Shadow Day?** [ ] Yes [ ]  No |
| **2) Types of jobs/departments that your company would have available for job shadowing:**  |
|   |
| **3) Please list the maximum number of students per department that may shadow at your company:** *(i.e.: 1 @ Engineering Dept.; 2 @ Marketing Dept.; 1 @ Admin. Dept. = Total: 4 students.)* |
|   |
| **4) As part of the job shadow, will students be leaving your worksite and/or will you be transporting students at any time including lunch?** [ ] Yes [ ]  No*(Please list the details, i.e., where you will take the students and who will be driving/walking them, etc.)* |
|   |
| **5) Would you be willing to provide any of the following? If yes, please describe below.**   Lunch? [ ]  Yes [ ]  No Transportation? [ ]  Yes [ ]  No |
| Notes: |   |
| **6) All shadows are instructed to dress business casual, are there other requirements they should adhere to for your site? If so, please list:**   |
|  |  |
| **7) Please list any requirements for your shadow(s) or anything we need to know regarding your site:** *(i.e where to meet, special waivers, not ADA accessible, etc.)* |
|   |

**PLEASE RETURN YOUR COMPLETED FORM VIA EMAIL OR FAX:**

Escondido Education COMPACT

ATTN: Yesenia Martinez, School & Community Outreach Coordinator

220 South Broadway, Escondido, CA. 92025

Phone: (760) 839-4515 Fax: (760) 738-6076

Email: ymartinez@educationcompact.org