Please complete this application as an overview for Spring 2019 Job Shadow Program. If you have any questions, please contact Victoria Kerr (vmbuchbauer@ship.edu) or 717.747.1484.

Name (First Name, Middle Initial, Last Name):

Student ID #:

E-mail Address:

Home City, State, Zip Code:

Check Class Standing: First-Year Sophomore Junior Senior Graduate Student

Academic Major:

Minor/Concentration:

You may apply for up to three job shadowing opportunities. List the opportunities you are applying to by the title used in the SHIP Career Connection posting and the organization name (if it’s not already in the title).

Step 1: Please rank your preferences:
1. ________________________________
   (Include Company Name & Industry/Field)
2. ________________________________
3. ________________________________

Step 2: Please Answer the Following Questions:
Please respond to the following questions. Please type in the boxes under each question.

a. Why are you interested in participating in the Spring 2019 Job Shadow Program? What do you hope to gain from it?

b. What skills, knowledge or experiences do you have that have led you to pursue this opportunity?

Step 3: Upload Resume and Completed Spring 2019 Job Shadow Program Application to SHIP Career Connection
PARTICIPANT NAME ________________________________ ACADEMIC YEAR __________

STUDENT ID NUMBER ________________________________ CELL PHONE # ______________

DATE OF BIRTH ________________________________________

ADDRESS _____________________________________________________________________________________

I, _____________________________________, understand that the risk of injuries is an inevitable and inherent consequence of participating in the Spring 2019 Job Shadow Program on and off campus at Shippensburg University and that no amount of reasonable instruction and supervision, use of proper equipment or facilities will prevent injuries. I realize, and understand, that severe injuries are possible and can require professional medical attention. I have carefully considered how the possible consequences of such an injury may impact my life, and despite this, I choose to assume this risk and to participate in this activity. I understand that Shippensburg University is not responsible for personal injuries or damages caused during my participation in this voluntary activity.

In accepting this risk, I expressly and explicitly release and discharge from responsibility and liability Shippensburg University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in the Spring 2019 Job Shadow Program. In addition, I agree to indemnify and hold harmless, legally and otherwise, Shippensburg University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in the fitness and health testing.

I verify that I have health insurance, and acknowledge that Shippensburg University and the State System of Higher Education, the Commonwealth of Pennsylvania, and their employees, officials or agents are not responsible for any health care expenses as a result of my participation in fitness and health testing.

I verify that I have no physical or mental disabilities, impairments or chemical dependencies that might inhibit my participation in 2019 Job Shadow Program, and I agree to abide by all Shippensburg University regulations, directions and instructions regarding my participation in the Spring 2019 Job Shadow Program.

In case of injury while participating in the Spring 2019 Job Shadow Program on and off the campus of Shippensburg University, I hereby give advance permission to obtain medical services on my behalf including, but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility, and treatment by emergency physicians. All extraordinary measures are to be taken in regards to treatment and I shall assume all fiscal responsibility as to any treatment and services. I will indemnify and hold harmless Shippensburg University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania and their employees, officials and agents from any and all financial and legal obligations associated with emergency treatment, including all actions in seeking and obtaining this service.

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EMERGENCY CONTACT PERSON:
Name __________________________________________ Phone Number ______________________

Address _____________________________________________________________________________________

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I, the undersigned, am at least 18 years of age, and competent to sign this release. By signing this release, I hereby acknowledge that I understand and voluntarily accept the hazards, risks, rights and responsibilities noted in this release.

Signature of Participant __________________________________________ Date ______________

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For any Student under the Age of 18

I attest that my child or ward’s attendance and involvement in such activities is fully voluntary, that I am allowing my child or ward to participate at his or her own risk, and that I have read the foregoing terms and conditions of this document. By signing in below, I am agreeing to all stipulations as stated above.

Signature of Parent/Guardian __________________________________________ Date ______________