



(Please print and return to location listed below between 9.6.09 to 9.16.09)

## JOB SHADOW DAY

Fall 2009 Semester

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email address \_\_\_\_\_  
Major \_\_\_\_\_ Grad Date \_\_\_\_\_

Have you ever participated in WTAMU's Job Shadow Day? \_\_\_\_\_ When? \_\_\_\_\_  
If yes, name of Job Shadow Employer/Mentor \_\_\_\_\_

List the professions you would like to shadow in order of preference. We will try to match you with your first choice; however, if that is not possible we will attempt to find a match from your other choices.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The professionals we are pairing you with are generously giving of their time and talent to assist you in your career exploration. We ask that you show your appreciation and respect for their participation by:

- 1) Contacting your mentor promptly. Follow up with Career Services staff if you need additional assistance.
- 2) Being prepared for Job Shadow Day by reviewing the "Informational Interview" at: <http://wtcareer.wtamu.edu/cs/student/information-interviewing.htm>
- 3) Sending a thank you note to your mentor upon completion of Job Shadow Day
- 4) **Returning the evaluation to Career Services within 1 week of the job shadow.**

I accept the above terms for participation in Job Shadow Day.

\_\_\_\_\_  
Signature & Date

Please return completed application to:  
Barb Zellers - Career Services  
Student Success Center CC113  
651-2345

**Application due date: September 16, 2009**