



Job Shadowing/Intern 2009 -2010 for Educators

APPLICATION

Applicant's Name: _____
First Middle Last

Home Address: _____
Street Address City State Zip

Email/Phone: _____

School Name: _____

School Address: _____
Street Address City State Zip

Subject(s) Taught: _____

Business that you will be observing: _____

Business Contact Person _____ Business Contact Phone No. _____

Skills or information you are hoping to obtain during this job shadowing: _____

We will make every effort to allow one job shadowing applicant per school district. A stipend of \$110.00 a day will be allocated. Each applicant must make an appointment with someone on the SCC staff to go over forms and requirements. For appointments call (559) 324-6410 or (559) 324-6480.

I am applying for:

2-day Job Shadowing **OR** 5-day Job Shadowing

Dates for Job Shadowing: _____
(All job shadowing must be completed before June 30th, 2010)

Signature _____ Date _____

*Administration Signature _____ Date _____

* The school district acknowledge that this activity is an extension of the teacher's work related and would be covered by the District's insurance.

Return to: Amanda Hopkins, State Center Consortium
390 W. Fir, Clovis, CA 93611
Phone: 324-6480
Fax: 324-6489
Email: amanda.hopkins@statecenter.com