



JOBS FOR MONTANA'S GRADUATES  
JOB SHADOWING AGREEMENT

Name of business: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above named business is interested in participating in \_\_\_\_\_  
 High School's JMG Job Shadowing Program. The business is willing to:

- Provide a job shadowing opportunity for the following student(s) for the agreed length of time and date:

Name of student(s): \_\_\_\_\_  
 Beginning time and date of visit: \_\_\_\_\_  
 Ending time and date of visit: \_\_\_\_\_

- Provide the name and title of the job shadowing mentor:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

- Keep the safety of the student(s) in mind at all times.
- Allow the student to observe the mentor at work and explain the important aspects of his/her job, how he/she relates to others in the organization, and answer the student's questions.
- Notify the JMG career specialist and/or school administration of any changes in the job shadowing opportunity, i.e., date, time, location.

Career specialist: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Employer Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_