# **MERCER UNIVERSITY SCHOOL OF MEDICINE JA high res jpeg - JOB SHADOW EXPERIENCE**

**TRANSPORTATION IS NOT PROVIDED.**

**SECTION ONE: Please return this form to Mr. Schwerin by Monday, March 9 if you’re interested in attending the Mercer University of Medicine, medical job shadow at the Hoskins Center at 5000 Ranger Street at 66th, Savannah, Georgia.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School: SAVANNAH ARTS ACADEMY**

(last) (first) (middle initial)

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(number) (street name) (city) (state) (zip)

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Grade: \_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Emergency Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(name) (cell phone number)

**Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION TWO:**

**The Student and Parent must read and sign the following statements.**

**Without either signature, the application is considered incomplete and void.**

**STUDENT:** I am sincerely interested in participating in the Job Shadow Day Program and will represent my school and Junior Achievement with honor, by following the Dress Code and being respectful of my host business, myself, as well as fellow students.

I will work diligently to make this experience a beneficial part of my career development.

**PARENT:** My son/daughter has discussed the Job Shadow Day Program with me and I give my permission for him/her to participate. **I understand that my son/daughter will be responsible for his/her own transportation, unless otherwise noted on their job shadow assignment sheet.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Job Shadow Details:

Date: March 12, 2015

Time: 10am-12:30pm

Physical Location of Job Shadow: Hoskins Center – 5000 Ranger Street at 66th, Savannah, Georgia

Company Contact: Sabina Badalova Email: Badalova\_SN@mercer.edu

**Lunch will be provided!**