



## Student Information Permission for Mentoring



This form must be given to the job shadowing host by the first day of the experience.

### **Student Information:**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ School Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Teacher Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Work Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency # \_\_\_\_\_

### **Parent/Guardian Permission:**

\_\_\_\_\_ has my permission to participate in  
this job shadowing experience. This form releases \_\_\_\_\_  
(School Name)  
and \_\_\_\_\_ of all liability.\*  
(Participating Volunteer)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date of Signing)

\* If the school has other liability or permission forms for transportation, off-campus experiences, etc., a copy should accompany this form.