

# Student Shadowing Application

## Personal Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about this opening?: \_\_\_\_\_

Have you ever been employed by a YWCA? YES/NO

If yes, when and where? \_\_\_\_\_

Do you have relatives employed with us currently? YES/NO

If yes, please list names and positions: \_\_\_\_\_

## Safety:

Have you ever been bonded? YES/NO Has bond ever been refused? YES/NO

Have you ever been arrested or convicted of a crime? YES/NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Shadowing Information

School: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_

Professor name: \_\_\_\_\_ Email or phone: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_ Time frame to complete hours (MM/DD – MM/DD): \_\_\_/\_\_\_ - \_\_\_/\_\_\_

Availability:

	9AM – 12noon	12noon/1PM – 3/4PM	4/5PM – 7/8PM
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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