

Job Shadow 2011 Business Information Form



**Junior
Achievement®**

Of the Michigan Edge, Inc.
Serving Jackson, Hillsdale & Lenawee

Jackson County

NAME OF BUSINESS: _____

Job Shadow Contact: _____ Position/Title: _____

Contact Person's E-Mail: _____

Phone Number: _____ Fax Number: _____

Business Street Address: _____

City: _____ State: Michigan Zip Code: _____

Mailing Address (if different than above): _____

City: _____ State: Michigan Zip Code: _____

How would you best describe your business? (Example: Human Services, Manufacturing, Retail, etc.)

What types of jobs could a student shadow in your work environment?

1. _____ 2. _____

3. _____ 4. _____

Which dates are you able to host students? (Check all that apply)

January 27, 2011 _____

February 24, 2011 _____

April 28, 2011 _____

How many students are you willing to host for a Job Shadow experience on each date? _____

Dress Code: Do you have specific requirements? Please list: _____

Permission Forms: Do you have any forms required in order for students to Job Shadow? Yes ___ No ___

Will lunch be provided? Yes ___ No ___ (If No, the student will be instructed to bring a sack lunch along with him/her.)

Please mail or fax your completed form to the JA Office.

Donna Lake, Job Shadow Coordinator

Junior Achievement

209 E. Washington, Suite 180

Jackson, Michigan 49201

E-Mail: dlake@jamichiganedge.com

Phone: 517-782-7822 Ext: 10 Fax: 517-780-0385