

# Shadow & Learn Employer Participation Form

## Welcome to the Shadow & Learn Day!

Thank you for your interest in participating in our Shadow & Learn Day, an exciting opportunity to connect with TRU students eager to explore their future careers. This program, scheduled for **November 7th, 2024**, allows students to gain firsthand experience by shadowing professionals like you. By participating, you will help shape the next generation of talent while showcasing your organization and providing valuable insights into your industry. We appreciate your support in making this a meaningful and impactful learning experience!

**Please complete the form below to provide details about your organization and the job shadowing opportunity you are offering.**

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### 1. Organization Information

- **Organization Name:**
  - **Industry:**
  - **Organization Website:**
  - **Primary Contact Person:**
    - **Name:**
    - **Title:**
    - **Email Address:**
    - **Phone Number:**
  - **Organization Address:**
    - **Street:**
    - **City:**
    - **Postal Code:**
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### 2. Job Shadow Opportunity Details

- **Job Title of the Host/Position to be Shadowed:**
  - **Department/Division:**
  - **Brief Description of the Role:**
  - **Key Activities Students Will Observe:**
  - **Special Requirements (e.g., specific skills, background checks, dress code):**
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### 3. Job Shadow Day Details

- **Preferred Time(s) for Job Shadow**

- **Duration of Shadowing Experience:**
    - Full Day (approx. 8 hours)
    - Half Day (approx. 4 hours)
  - **Location of Job Shadow:**
    - On-site at Company Address
    - Virtual (if applicable, please provide platform details)
  - **Number of Students You Can Host:**
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#### **4. Additional Information**

- **Are you open to participating in a brief Q&A session with the student(s) during the shadow day?**
    - Yes                      No
  - **Would you like to provide any materials or resources to the student(s) before the Job Shadow Day?**
    - Yes                      No
    - If Yes, please describe:
  - **Any other comments or special requests:**
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#### **5. Consent and Agreement**

- **By participating in Shadow & Learn, I agree to provide a safe and professional environment for the student(s) and to offer a meaningful learning experience.**
  - **I understand that Thompson Rivers University may contact me to discuss the details of the job shadowing opportunity further and to confirm arrangements.**
  - **Signature:**
  - **Date:**
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**Please submit this form by [October 11<sup>th</sup>, 2004] to [liles@tru.ca]**

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