



MASON COUNTY PUD 3 JOB SHADOW PROGRAM

OVERVIEW

Job shadowing is a career exploration activity which offers students an opportunity to observe the daily routines of one or more professionals working in the student's career field of interest. Job shadows reveal what it's actually like to work in a specific job, and gives students a chance to have questions answered by the worker being shadowed, such as, the benefits and challenges of the position.

Job shadows are designed to expose students to careers and jobs at a Public Utility District while helping to develop an awareness of the academic, technical and personal skills required in a professional environment. PUD 3 hopes that students gain valuable insight into whether a particular job or career is something they may want to pursue themselves.

PROGRAM GUIDELINES

- Job shadowing is a **one-time** observation only experience, generally lasting two to eight hours
- Participation will be limited to observation only; no hands-on work is permitted

WHO IS ELIGIBLE

- High school students age 16 or older (parent or guardian signature required for all applicants under 18 years of age)

PROGRAM GOALS

Goals of the job shadow program are designed to promote the following:

- Exploration of a field of interest
- Exposure to careers and jobs within a public electric utility
- Awareness of the academic, technical and personal skills required in specific jobs within the utility

PROGRAM OVERVIEW

- Human resources will assist students in determining the appropriate department to job shadow in, depending on the student's area of interest
- Participation in the Job Shadow program requires compliance with all District policies and procedures
- Failure to comply with any of these policies or procedures will result in removal from the Job Shadow program

DRESS CODE DO'S

- Wear business smart work attire
- Clothing is expected to be neat and clean
- Attention to personal hygiene is expected

DRESS CODE DONT'S

- Inappropriate clothing consists of the following
 - Clothing with holes
 - Clothing baring the midriff, chest, back or hips
 - Shorts
 - Short skirts
 - Clothing with potentially offensive words or pictures
 - Flip flops

SAFETY

- District employees have been trained for many safety situations
- Remain with the staff member that you have been assigned to shadow
- In the event of an emergency you should follow your assigned staff member's instructions

TOBACCO FREE WORKPLACE

- Smoking and/or tobacco use is prohibited in buildings and vehicles
- Smoking and use of e-cigarettes is prohibited within 25 feet of doorways, windows and ventilation intakes

PARKING

- Job shadow guests should park in the visitor parking located by the main entrance

SUMMARY

- Read job shadow overview in its entirety
- Fill out job shadow program application in its entirety and return to Human Resources at least **two weeks prior** to date of requested appointment *
- Fill out permission to participate in job shadow program and release from liability form (remember that parent and/or legal guardian signature is required for all participants under 18 years of age) *

* PAGES 3-5 MUST BE COMPLETED AND RETURNED TO HUMAN RESOURCES BEFORE THE JOB SHADOW CAN TAKE PLACE



JOB SHADOW PROGRAM APPLICATION

Participant Information

Name:

Last First M.I.

Date of Birth:

Email:

(MM/DD/YYYY)

School Attending:

Hours Needed:

Current Grade:

HS Junior HS Senior

How will this experience benefit you?

Career Interest

Please indicate up to three (3) electric utility areas you are interested in shadowing in. We will do our best to accommodate your first preference. Indicate your preference order with a 1, 2 or 3.

AREA OF INTEREST:

- Administration Engineering Operations
- Buildings & Grounds Finance Public Relations
- Conservation Human Resources Telecommunications
- Customer Service IS

Contact Information

Please indicate the best way for human resources personnel to reach you in order to schedule your job shadow.

Primary Number: () _____ Secondary Number: () _____

Other: _____



PERMISSION TO PARTICIPATE IN JOB SHADOW PROGRAM AND RELEASE FROM LIABILITY

I hereby authorize my child _____ to participate in
Mason PUD 3's Job Shadow Program

(Please Print)

(hereinafter called "Program"). I understand that my child will job shadow one or more of PUD 3's employees to expose my child to work in an electric utility to educate my child to career opportunities that may be available through a Public Utility District. I understand that my child may ride in PUD 3 vehicles and visit work sites where crews will be working with electrical facilities which may be considered inherently dangerous activities.

In consideration of the acceptance of my child's participation in Mason County PUD 3's Job Shadow Program, I hereby agree to assume all risks attendant upon my child while participating in the Program. I hereby waive, release, and discharge any and all claims for damage for death, personal injury or property damage which my child may have, or which may hereafter accrue to my child, as a result of my child's participation in the Program. I agree to save and hold harmless from liability the PUD 3 of Mason County and/or any of its commissioners, officers, employees, agents, volunteers by reason of any accident, death, injury or damages to persons or property which my child may suffer from and against any and all liability arising out of or connected in any way with my child's participation in the Program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents or death can occur during electrical installation, repair and replacement activities; and that participants in such activities occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risk of being around electrical transmission and distribution activities nevertheless, I hereby agree to assume on behalf of my child those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child (or my child's heirs or assigns) for damages.

AUTHORIZATION TO TREAT A MINOR

I, _____ the parent or legal guardian of the child referred to herein, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical

staff and emergency room staff licensed under Washington Law or a dentist licensed under the Washington Law and on the staff of any general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of Washington. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This consent shall remain in effect until the end of the Program session in which my child is enrolled.

Initial if approved:

_____ I have read, understand, and approve the **RELEASE FROM LIABILITY**.

_____ I have read, understand, and approve the **AUTHORIZATION TO TREAT A MINOR**.

_____ I understand that if I do not initial to approve the **RELEASE FROM LIABILITY** and the **AUTHORIZATION TO TREAT A MINOR** and if I refuse to sign this document, Mason County PUD 3 will be unable to process my child's application and my child will not be allowed to participate in the Job Shadow Program.

(PRINT) PARENT/LEGAL GUARDIAN (OR STUDENT IF 18 OR OLDER)

(SIGNATURE) PARENT/LEGAL GUARDIAN (OR STUDENT IF 18 OR OLDER)

DATE