



**Eugene School District 4J  
Career Related Learning Experiences  
Job Shadow Employer Agreement**

Business \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employer/Employee to be Shadowed \_\_\_\_\_

School \_\_\_\_\_ Job Shadow Date & Time \_\_\_\_\_

Student name \_\_\_\_\_

**The Employer/Employee Agrees to:**

- Have the student follow and observe regular and other relevant work activities.
- Provide a safe and positive learning environment for the student.
- Talk with the student about the career/job, answer questions and share experience.
- Determine that commercial general liability insurance for business (including liability arising from student activities at the work site) is in effect. Notify the student and parent(s) well ahead of time if the scheduled placement needs to be changed.
- Understand that the student is covered by Eugene District 4J Workers' Compensation Insurance for injuries incurred during the scope of this placement.
- Understand that the student is covered by Eugene District 4J general liability insurance during the scope of this placement for unintentional bodily injury or property damage to a third party.
- Be a Designated 4J Volunteer. (Volunteers have 4J liability insurance coverage for unintentional injury to third parties.)

The statement that he or she has informed the District of any convictions other than a minor traffic violation. The District will consider this information and the results of the Confidential Information form when making a placement decision.

Mail or fax this agreement back to the address or number below before the actual Job Shadow occurs.

Please mail or fax to: \_\_\_\_\_

\_\_\_\_\_  
Employer/Employee Signature

\_\_\_\_\_  
Date

**Business Insurance Information**

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Agent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

General Liability Policy Number \_\_\_\_\_