

Job Shadow Request Form

Program Description: As part of the Frist Center’s Experiential Learning Program, the six-hour job shadow experience allows students to receive one-on-one time with a key staff member, an introduction to the many jobs that fit into the larger framework of operating a museum, and a 21st-century skills-based museum exploration activity. Special activities and opportunities can be provided to the student based on the interests indicated on this request form. At this time, job shadow opportunities are available only to students at our partnering schools—Antioch High School, Big Picture High School, Hillwood High School, Hume-Fogg High School, and Nashville School of the Arts—and are based on the availability of staff in the following areas: education, design, marketing, curatorial, operations, and development. Job Shadow experiences are offered during regular business hours (Monday through Friday, 9:00 a.m. to 5:30 p.m.) and must be requested one month in advance.

TO BE ELIGIBLE TO PARTICIPATE, A STUDENT MUST . . .

- currently be enrolled in a partnering high school
- have a passing grade in all classes from the previous grading period
- submit a *complete* application one month prior to date requested (illegible or incomplete packets will not be considered)
- commit to being involved, engaged, and positive during the job shadow experience

ANSWERS TO FREQUENTLY ASKED QUESTIONS:

- Selected participants will be notified via e-mail within two weeks of receipt of application packet.
- Dress is business casual (appropriate for school). Wear shoes fit for walking.
- Participants may bring a lunch or purchase lunch in the Frist Center Café.
- We ask that participants put mobile devices away during their time at the Frist Center.
- The Frist Center is a drug-free, smoke-free environment.
- Any disciplinary problems will not be tolerated and will be handled by security.

ADDITIONAL QUESTIONS?

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**Career Exploration: Job Shadow
STUDENT PROFILE**

Name: _____
Cell Phone: _____ E-mail: _____
School: _____ Grade: _____
Academy (if applicable): _____
Recommending Teacher/Advisor: _____
How many hours are you required to spend at your job shadow? _____
Please list three dates you are available for your job shadow: _____

Please indicate the primary area you would like to have your job shadow experience:

<input type="checkbox"/> Education: Teaching, Making Art, Community Outreach	<input type="checkbox"/> Curatorial: Art History, Research, Exhibition Development
<input type="checkbox"/> Design: Exhibition Design, Graphic Design	<input type="checkbox"/> Operations: Hospitality, Accounting
<input type="checkbox"/> Marketing: Public Relations, Advertising, Media Communications	<input type="checkbox"/> Development: Fundraising, Grants

What is your second choice? _____

What are some careers that interest you? _____

What do you want to see, learn, or do during your job shadow experience at the Frist Center for the Visual Arts?

What interests, goals, or questions might you have that could tell us about you, and help us better shape your experience?

What professional skills do you feel you need to work on? _____

What do you hope to achieve in the next 10 years of your life? _____

Student Signature: _____

Career Exploration: Job Shadow

PARENT/GUARDIAN REGISTRATION AND CONSENT

Student's Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Present Age: _____ Birthdate: _____ Male: ___ Female: ___ Current Grade Level: _____
 School: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 Name: _____
 Relationship to Student: _____
 Home Phone: _____ Work Phone: _____ Cell/Pager: _____
 Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #2 Name: _____
 Relationship to Student: _____
 Home Phone: _____ Work Phone: _____ Cell/Pager: _____
 Address: _____ City: _____ State: _____ Zip: _____

Please indicate how the participant will arrive at and depart from the Frist Center:

EMERGENCY CONTACT INFORMATION:

In the event of an emergency when the people listed above cannot be reached, please list the name of an emergency contact.

Name: _____
 Relationship to Student: _____
 Home Phone: _____ Work Phone: _____ Cell: _____
 Address: _____ City: _____ State: _____ Zip: _____

If you are unavailable, is this person authorized by you to give permission for treatment? Yes No

If neither the parents, the people named above, nor the student's physician is available in case of an emergency, the Presenters will exercise their judgment regarding medical treatment.

MEDICAL INFORMATION:

Student's Physician: _____ Phone: _____
 Insurance Carrier: _____ Group Number: _____
 Full Name of Policy Holder: _____ Relationship to Child: _____
 Does your child have allergies or any other physical or psychological considerations? Yes No
 If so, please list and specify: _____

Will your child be taking medication during his/her program? Yes No
The Frist Center cannot administer medication.

PARENT/GUARDIAN AUTHORIZATION

I, _____, hereby grant permission for _____ (the "Participant") to participate in all activities on or off the facilities of the Frist Center for the Visual Arts, Inc. I understand that the Frist Center or any of its personnel shall not be liable for any personal injuries or property damage sustained by the Participant even if caused, in whole or in part, by the action, inaction or negligence of the Presenters and/or due to the condition of the premises on which the activity will take place, whether such negligence, fault, and/or condition of the premises is present at the signing of this agreement or takes place in the future. I release the Frist Center for the Visual Arts, its representatives, trustees, agents, vendors and employees (the "Released Parties") from any and all claims, demands, damages or rights of action that I, my child or legal ward who is the Participant, the Participant's estate or my spouse/partner (the "Releasing Parties") may hereafter have, arising out of, or related to, the Participant's participation, whether in tort, contract or otherwise. I agree to indemnify and hold harmless the Released Parties from and against any and all liabilities, claims, demands or actions arising out of, or related to participation in any and all activities that may be conducted with respect thereto, whether in tort, contract or otherwise. The Releasing Parties will not sue or make a claim against the Released Parties for loss or damage suffered by me in connection with the Frist Center for the Visual Arts. If the Releasing Parties violate this Agreement by filing such a suit or making such a claim, I will pay all reasonable attorneys' fees and costs incurred by the Released Parties in defending such a suit or claim. I represent that I am the parent or legal guardian of the Participant, that I am making this agreement for the benefit of the Released Parties and that I have the authority to execute the agreement. As a parent or legal guardian of the Participant, I agree to indemnify and hold harmless the Released Parties from and against any and all liabilities, claims, demands or actions brought by the Participant or the Releasing Parties against the Released Parties, which arise out of, or are related to, the Participant's participation, whether in tort, contract or otherwise. I also give permission for photographs of the Participant to be used in the Frist Center's publicity materials. I approve this application and all the information contained therein above.

Signature of Parent/Guardian: _____ **Date:** _____