

January 10, 2025

Dear Upward Bound Sophomore & Junior students,

Enclosed you will find information on the Upward Bound Summer Job-Shadowing Project. Applications and parental permission forms are due back to the Upward Bound office **no later than Saturday, February 15<sup>th</sup>, 2025. Late applications will not be accepted.**

Job-shadowing is available to interested students on Friday mornings, or as scheduled, during our summer program. Every Friday morning, students selected to participate in job-shadowing will have the opportunity to observe a professional in their desired career field. The purpose of this program is to provide direct experience and to get a better understanding of what is required in a career field students have expressed an interest in pursuing.

Once students are selected for job-shadowing, I will meet with them during summer orientation in May to distribute a job-shadow packet and clearly explain what is expected.

If you have any questions, please feel free to contact me at 660-562-1647 or by e-mail at [wistrom@nwmissouri.edu](mailto:wistrom@nwmissouri.edu). I will be glad to answer any questions that you may have.

Thank you,

A handwritten signature in black ink, appearing to read 'Rachel Wistrom', with a stylized flourish at the end.

Rachel Wistrom  
Coordinator of Counseling  
Upward Bound

## 2025 UPWARD BOUND JOB-SHADOWING PROGRAM

### Goals and Responsibilities

**Eligibility** – Students must be in the graduating class of 2025, 2026 or 2027, **completed a previous summer component**, and have completed at least 30 hours of tutoring. Students must also be in good standing with the Upward Bound program, and may not participate with two or more unexcused absences from field tutoring.

**Dress** – Professional dress is important. Dress in a manner that is appropriate to the environment. If you are unsure about dress, please ask.

**Conduct** – Students are expected to behave in a professional manner. Remember – you are a representative of Upward Bound, Northwest Missouri State University, your school, your family, etc.

**Relationships** – Students are encouraged to build positive relationships with professionals. The relationships you build during a job-shadowing experience can lead to letters of recommendation for scholarships and jobs, possible job opportunities, etc.

**Benefits** – Students who successfully complete a job-shadowing experience will be eligible to apply for a paid work-study experience the following summer. ***There is no compensation for participating in job-shadowing.***

**Driving Privileges** – If students are given permission by their parents and/or guardians to drive to their job-shadowing site, they are to drive directly to the site and return to Upward Bound/Northwest Missouri State University immediately following their job shadowing. Stopping at any place other than job-shadow site and UB is strictly prohibited. If a student does make unauthorized stops, their job-shadow and driving privileges will be revoked. ***Mileage reimbursement is available.***

**Transportation** – Upward Bound will provide transportation for any student who does not drive their own vehicle.

**Thank You Letters** – You will be required to write a “Thank You” letter for each professional you shadow.

**Summary Essay**- At the end of your project, you must write a one-page summary about your job-shadow experiences.

**Evaluations** – Site supervisors will complete an evaluation after the job-shadowing experience has finished.

Remember: This is to be an informative and productive experience. Ask questions when you don't understand something! Have fun and gain knowledge!

# Upward Bound Job-Shadowing Project 2025

## STUDENT APPLICATION

**Submit this form to the Upward Bound office by Saturday, February 15<sup>th</sup>, 2025**

*Please type or print.*

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birth date: \_\_\_\_\_ Gender: (please circle) female male

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

What is your current cumulative grade point average (GPA)? \_\_\_\_\_

**Do you have any prior job-shadowing experiences outside of Upward Bound? Yes No**

If answered "yes," where have you had this experience? Please explain the nature of your experience.

**Please attach a brief essay on a separate piece of paper that includes the following:**

What are your career goals? Why are you interested in job-shadowing? What role will job-shadowing play in helping you achieve your career goals?

***Please list (in order) any place(s) of business or companies you are interested in job-shadowing with?  
BE SPECIFIC.***

*See the back of this sheet for possible ideas or list an idea of your own.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Possible Job-Shadow Locations

***Below are a locations that have been used in previous years.  
Feel free to suggest something that is not on this list.***

Head Start/Daycare  
Chamber of Commerce  
U.S. Dept. of Agriculture  
Missouri Dept. of Transportation  
Humane Society  
City of Maryville, HR  
Maryville Public Safety  
University PD

Hospital – (please specify which department)

*\*\*Please note, this location has been very difficult to place students for the past several years, so it is not guaranteed. Have a **strong** second choice selected.*

Veterinary clinic  
Real Estate Agent  
Landscaping  
Restaurant Management  
Attorney  
Dentist  
Bank  
Newspaper  
NW Missouri State University Student Affairs  
Funeral Home  
NW Missouri State University Information Tech Dept.  
Radio Station  
Fitness Center  
Nursing Home  
Printing company  
Chiropractic center

**2025 UPWARD BOUND SUMMER  
JOB-SHADOW/WORK-STUDY PROJECT  
PARENT / GUARDIAN PERMISSION FORM**

**Student's Name:** \_\_\_\_\_

(First)

(Middle)

(Last)

Parent / Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Transportation:

\_\_\_\_\_ Student will take advantage of Upward Bound provided transportation to and from the job-shadowing or work-study site.

\_\_\_\_\_ Student will provide his/her own transportation to and from site. I will not hold Upward Bound responsible or liable for any actions that may occur before arriving at the chosen job-shadowing or work-study site, while at the site, or prior to returning to Northwest Missouri State University for check-in. **Mileage reimbursement is provided.**

*\*Please note: students are not allowed to ride with another student without parent permission and prior approval by UB Central staff.*

I give the Upward Bound program permission to allow my student to participate in the job-shadowing or work-study project. I have read and understand the goals and expectations of my student in this program.

\_\_\_\_\_  
Signed Parent / Guardian

\_\_\_\_\_  
Date

Please return this form to the Upward Bound office by **Saturday, February 15<sup>th</sup>, 2025.**  
Thank you.

## ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AGREEMENT

In consideration of the services provided by Northwest Missouri State University, its board, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively referred to as "UNIVERSITY") in conjunction with the Upward Bound Job Shadowing Opportunity ("Event"), I hereby agree to release, hold harmless, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives, and estate as follows:

1. I understand that the Event may not take place on UNIVERSITY property, and that the Event may be performed by a third-party without supervision from the UNIVERSITY.
2. I acknowledge that my participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
3. I expressly agree and promise to accept and assume all of the risks existing in this Event. My participation in this Event is purely voluntary, and I elect to participate despite the risks. I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in the Event, with the understanding that the cost of any such treatment will be solely my responsibility.
4. **I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity I undertake in conjunction with the Event, including transportation to and from the Event.**
5. Should UNIVERSITY or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify, defend, and hold them harmless for all such fees and costs.
6. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage in the event that I am injured during the Event or cause any injury during the Event. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Event, or else I agree to bear the costs of such injury or damage myself.
7. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") my participation in the Event. I authorize UNIVERSITY to use Medium and my likeness in conjunction with any UNIVERSITY marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**[Intentionally blank and continued on following page]**

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement.

I further certify that I have read and understood it, and I agree to be bound by its terms.

**I further acknowledge that this document contains a negligence waiver and indemnification provisions.**

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S WAIVER**

(Must be completed by all parents and guardians for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted to participate in the Event, I agree that my child's participation in the Event is to be bound by the terms of this Agreement and further agree to waive any and all claims of negligence against UNIVERSITY which are brought by, or on behalf of Minor, and which are in any way connected with the Event, including transportation to and from the Event.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_