

Job Shadow Program Registration Form Engineering Career Path

The Morrissey Engineering Job Shadowing Program offers high school and college students the opportunity to observe Morrissey's engineering and leadership staff.

We would love to have you participate in this program, please fill out the information below for us to be able to match you with a team member.

Please note: Any photos taken during the visit may be used for promotional material on social media platforms or our website. If you do not wish to have your photo taken please let us know in advance, otherwise sign the consent to photograph below.

PERSONAL INFORMATION

Applicants Name:		
Street Address:		
City/State/Zip:		
Telephone:		
Email:		
Parent/ Guardian co		
,		
Telephone:		
Email:		
Education Level (che	eck one)	
High School	College	
School Name:		
Graduation date:		
City State:		



Mechanical

Please list all science related courses that you have completed or are currently enrolled:

Job Shadow (check one)

Electrical

1	
2.	
3	
4	
Please list any extracurricular act	ivities that you have participated:
1	
2	
3	
4	
Discuss why you want to particip and how you feel you will be a:	suing degree in area of study: bate in the Morrissey Engineering Job Shadow experience enefit from this experience. Please include a separate ttachment/Sheet of paper. etter of Recommendation:
It will be your responsibility to letter prior to the deadline. Le morrisseyengineering.com wi	on from a current teacher is required for participation. o ensure your reference submits the recommendation etters of recommendation should be sent to aglesne@ th the subject line: Morrissey Engineering Job Shadow ant Name) or mailed to the address below.
	Consent
I hereby consent to my/my child's pa and agree to hold Morrissey Engi- harmless in the event of an incident grant Morrissey Engineering per publications and in any and all other	e below to consent to the following statement: articipation in the Morrissey Engineering Job Shadow Program neering or any of its directors, officers, employees, or agents injury, or illness. Likewise, by signing this application, I hereby mission to use my child's photograph(s) in any and all of its er media, whether now known or hereafter existing, relating to sey Engineering Job Shadow Program.
Signature:	date:

Both