



Pirate Apprentice Day Application

ATTENTION STUDENTS: PLEASE COMPLETE THE BOTTOM PORTION ONLY!

This section will be completed by Career Services

Student's Name: _____
Shadowing at: _____
Name of Company City: _____
Date(s) of Job Shadowing Experience: _____

SU Pirate Apprentice Days Release and Indemnity Agreement

During the date(s) shown above, I will be job shadowing at the company named above. I understand that I will not be paid for this work and that no employer-employee relationship will exist between me and the company. Instead, I will be performing this work to gain experience that will help me in my college education at Southwestern University and in my career. I will be at this work site voluntarily and upon my own initiative, risk and responsibility.

In consideration for the permission extended to me by the company to obtain this experience, and in further consideration for Southwestern University facilitating this arrangement, I, for myself, my heirs, executors, and administrators, release, discharge, and agree to indemnify both the company and Southwestern University and all of their agents and employees from any claims on account of my death or on account of an injury to me or for damage to my property which may occur from any cause during this time, regardless of whether such death, injury, or damage is caused in whole or in part by the negligence of any of those indemnified. I intend to indemnify the company, Southwestern University, and all of their agents and employees from the consequences of their own negligence, whether that negligence is the sole or a concurring cause of the death, injury, or damage.

Signed this _____ Day of _____, 2011.

Printed Student Name: _____ Student ID #: _____

SU Box #: _____

Cell Phone: _____ Winter Break Phone: _____

Winter Break Mailing Address: _____

I have read this "RIA" and program guidelines and agree to abide by all information pertaining to the SU Pirate Apprentice Day Program.

Signed: _____ Date: _____

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Please Print.

First Name: _____ Last Name: _____

Current Address: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Intended Major(s): _____ Intended Minor(s): _____

Why are you interested in this opportunity? What are your expectations?

What are your career dreams? What career(s) would you like to learn more about?

Specify any companies and/or organizations that you may be interested in:

(Career Services cannot guarantee that you will be matched with any of the organizations you list. We encourage you to broaden your scope of employers to include those in the government and non-profit areas.)

Please list in order the city and areas you are willing and able to travel to for job shadowing (ex. Boston, MA, Greater Houston Area, South Fort Worth, etc.):

1. _____

2. _____

3. _____

4. _____

Specify date(s) you ARE AVAILABLE during winter break: (*special conditions may apply*)

DECEMBER: 12 13 14 15 16 19 20 21 27 28
 29 30

JANUARY: 3 4 5 6

Check Length: 1/2 Day Full day More than one day Full week

If checked 1/2 day, please check one of the following: Morning Afternoon Either

Please complete and return this form by 5:00 pm on Friday, October 21, 2011 to Career Services. Remember, by turning in this form you have made a commitment to participate in the job shadowing program. **If you need to cancel you must notify the employer AND Career Services within 48 hours of your shadowing date.** Thank you for your participation in this rewarding program!