



GENEVA SUPPLY

# BizTank



## JOB SHADOW FORM

Please print clearly, fill out completely, and return to BizTank, at least TWO weeks before the 1st day of the 8-week session.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Job Shadow: \_\_\_\_\_

What do you hope to gain/learn from your job shadow? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tell us about the person(s) you Job Shadowed:

Name(s): \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

What did you do/learn during your job shadow? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend a friend to job shadow this same person(s)/company? Yes No

Reason(s) why? \_\_\_\_\_

Please rate your overall experience with the job shadow: 1 2 3 4 5  
Waste of Time Mixed Feelings Awesome

### PROOF OF JOB SHADOW

Signature (of the person that was job shadowed)

Print Name

Date