



Shadowing Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

School Information – Please provide name of Contact at your school- IE: Principal, Guidance Counselor, etc

Name	
Street Address	
City ST ZIP Code	
School Contact:	
Phone	
E-Mail Address	

Date of Shadowing From ____ / ____ / ____ To ____ / ____ / ____

Interests

Tell us in which areas you are interested and individuals you have a particular request to work with.

News NAME _____
 Weather NAME _____
 Production
 Marketing
 Sales
 Other –Please be specific _____

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted in the Shadowing Program, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand and agree that I must keep confidential and not disclose to anyone outside the Station any information I receive regarding the Station, its programs, news, investigations, or otherwise in the cause and course of performing my job shadowing. I understand that I am performing this Shadowing voluntarily and upon my own initiative, risk, and responsibility. I understand that the Station does not provide compensation for shadowing.

Name (printed)	
Signature	
Date	

Parent/Guardian Signature

By signing below I acknowledge that my son/daughter will be shadowing at WTOL, 730 N. Summit St., Toledo, OH 43604 and give permission to do so.

Name (printed)	
Signature	
Date	

School Advisor's Signature

Name (printed)	
Signature	
Title	
Date	

WTOL Acceptance and Signature

As an employee of WTOL, I have accepted this Job Shadowing Opportunity with the above named student. I understand that during the time the student is in the station they are to be with myself or another station employee at all times.

EMPLOYEE Signature

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in our company