

Richland County Sheriff's Department

Job Shadow Application



Contact Information

Job Shadow Name	
Job Shadow Parent Name	
Job Shadow School/Employer	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for Job Shadow?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas/units you are interested in job shadowing? **(RCSD reserves the right to place job shadows in units/areas depending upon availability and appropriateness)**

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from school, employment, or previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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 as a job shadow any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. **(Parent/Guardian Signature if under 18)**

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of the Richland County Sheriff's Department 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 job shadowing with us!

Propose Date of Job Shadow

Sheriff Approval of Job Shadow
