## Franklin County Career & Technology Center Contract for Shadowing Experience 2010 - 2011 School Year

I,	of	agree to serve as a mentor for	
	during th	e Shadowing Experience scheduled on:	
		Mentor Signature	 Date
Company Add	lress:		
Company Pho	ne #		
which the stud safeguard you student is hurt and Technolog any liability of As parent(s)/g	lent is enrolled. All r son/daughter from or injured during the gy Center and the all r medical expenses. uardian(s) of this st	extension of the Career and Technical Propossible care and precautions will be taken accident or injury. In the event the above his Shadowing Experience, The Franklin bove named employer will not be held restaudent, I/we agree to allow our child to pay with the above named mento	ten to ye named County Career sponsible for
		Parent/Guardian Signature	Date
named mentor	, and I agree that I	the Shadowing Experience, I have select will work in complete cooperation with the eaningful and rewarding educational expe	nis individual
		Student Signature	Date
Please Note:	_	s contract does not replace the standard per required for each student participating in	,
Evalenation of	f Transportation Ar	rongements	