Bonners Ferry High School Senior Project

**Job Shadow JOURNAL Sheet (pg 2 of 4)**

Name of BFHS senior student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Date of Job Shadow visit(s) | Description of activities  Observed or performed during Job Shadow | Time Spent  (hours) |
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|  | ----**REMEMBER TO TAKE PICTURES!!! You with your mentor, you and/or your mentor doing the activities described above, equipment used, the front of the business, products created (if applicable).** |  |
|  | **Total time spent:** |  |

By signing below, I assure that a minimum of eight volunteer hours have been fulfilled by the BFHS senior student listed at the top of the page:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Mentor Daytime Phone

*BFHS staff may seek verification by phone*