Educator Job Shadow Request Form

Program Description: As part of the Frist Center’s Experiential Learning Program, the four-hour job shadow experience allows educators to receive one-on-one time with a key education staff member, an introduction to the many jobs that fit into the larger framework of operating a museum, and the opportunity to observe a nontraditional educational activity. Special opportunities can be provided to the educator based on the interests indicated on this request form. At this time, job shadow opportunities are available only to educators at our partnering schools—Antioch High School, Big Picture High School, Hillwood High School, Hume-Fogg Academic High School, and Nashville School of the Arts—and are based on the availability of education staff. Job shadow experiences are offered during regular business hours (Monday through Friday 9:00 a.m. to 5:30 p.m.) and must be requested at least one month in advance.

TO BE ELIGIBLE TO PARTICIPATE, ALL EDUCATORS MUST . . .
• currently be teaching in one of our partnering schools
• submit a complete application one month prior to the date requested (incomplete or illegible packets will not be considered)
• commit to being involved, engaged, and positive during the job shadow experience

ANSWERS TO FREQUENTLY ASKED QUESTIONS:
• Selected participants will be notified via e-mail within two weeks of receipt of application packet.
• Dress is business casual (appropriate for school). Wear shoes fit for walking.
• Participants may bring a lunch or purchase lunch in the Frist Center Café.
• The Frist Center is a drug-free, smoke-free environment.
• We ask that participants put mobile devices away during their time at the Frist Center.

ADDITIONAL QUESTIONS?
Samantha Andrews
Educator for Experiential Learning
Frist Center for the Visual Arts
919 Broadway
Nashville, TN 37203
sandrews@fristcenter.org
phone: 615.744.3349
fax: 615.744.3965
Name: ______________________________________________
Address: ____________________________________________________________________________________
Cell Phone: __________________________ E-mail: ______________________________ Grades Taught: __________
School: ______________________________________ Grades Taught: ______________________
Academy (if applicable): ______________________________________________________________________
Years in Education: ______ Degrees and Certifications: ____________________________________________

Please list three dates you are available for your job shadow: ______________________________________

Please indicate the primary area in which you would like to have your job shadow experience:
☐ Education: Administration ☐ Education: Outreach & Community Engagement
☐ Education: Interpretation ☐ Education: Youth & Family Programs

What is your second choice?
_________________________________________________________________________________________

What is the goal of your job shadow experience?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

What do you want to see, learn, or do during your job shadow experience at the Frist Center for the Visual Arts?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

What interests, goals, or questions might you have that could tell us about you, and help us better shape your
experience?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Signature: ______________________________

Educator Job Shadow Request Form
Career Exploration: Job Shadow for Educators
REGISTRATION AND CONSENT

EMERGENCY CONTACT INFORMATION:
In the event of an emergency, please provide the information of the primary person we should contact.

Name: ____________________________________________
Relationship: ______________________________________
Home Phone: ________________________ Work Phone: ____________________ Cell: ______________________
Address: ________________________________________________________________
City: ___________________________ State: ______ Zip: ___________

Is this person authorized by you to give permission for treatment? ☐ Yes ☐ No

If neither the person named above nor your physician is available in case of an emergency, the staff will exercise their judgment regarding medical treatment.

MEDICAL INFORMATION:
Physician: ____________________________________________ Phone: ____________________________
Insurance Carrier: ____________________________________ Group Number: _______________
Full Name of Policy Holder: ___________________________ Relationship: ______________________

Do you have allergies or any other physical or psychological considerations? ☐ Yes ☐ No
If so, please list and specify: __________________________________________________________

__________________________________________
__________________________________________
__________________________________________
__________________________________________

AUTHORIZATION
I (the “Releasing Party”) understand that the Frist Center for the Visual Arts or any of its personnel shall not be liable for any personal injuries or property damage sustained even if caused, in whole or in part, by the action, inaction or negligence of the Frist Center for the Visual Arts and/or due to the condition of the premises on which the activity will take place, whether such negligence, fault, and/or condition of the premises is present at the signing of this agreement or takes place in the future. I release the Frist Center for the Visual Arts, its representatives, trustees, agents, vendors and employees (the “Released Parties”) from any and all claims, demands, damages or rights of action that I may hereafter have, arising out of, or related to, my participation, whether in tort, contract or otherwise. I agree to indemnify and hold harmless the Released Parties from and against any and all liabilities, claims, demands or actions arising out of, or related to participation in any and all activities that may be conducted with respect thereto, whether in tort, contract or otherwise. The Releasing Party will not sue or make a claim against the Released Parties for loss or damage suffered by me in connection with the Frist Center for the Visual Arts. If I violate this Agreement by filing such a suit or making such a claim, the Releasing Party will pay all reasonable attorneys’ fees and costs incurred by the Released Parties in defending such a suit or claim. I also give permission for photographs of me to be used in the Frist Center’s publicity materials. I approve this application and all the information contained therein above.

Signature of Releasing Party: ____________________________ Date: ____________________________