Clear Form

MyJOB WORK-BASED LEARNING ACTIVITIES SIGN-IN SHEET

STUDENT NAME:	STUDENT &/or JR# ID:	INSTRUCTOR:
COMMUNITY FACILITY:		
SCHOOL NAME:		

DATE	JOB SHADOW	INFORMATIONAL INTERVIEW	JOB SITE TOUR	PROVIDER NAME	REPRESENTATIVE NAME/POSITION

SIGNATURE:

*My signature verifies that I have attended and participated in the MyJOB Work-Based Learning activities on the dates documented above.