

Job Shadowing Request

Name:

Home Phone:

Cell Phone:

Email Address:

(If applicable) School &/OR Level of Education (ie: Grade or Program :

Are you Job Shadowing to fulfill a class requirement? (circle one) YES or NO

If you answered yes to the above, please provide your instructors contact information:

Instructor Name:

Instructor Phone Number:

Your Availability:

Your Expectations:

Area of Interest (select one only):

A. Production Arc: Join us for a first, mid-process, and dress rehearsal of a show (observational only).

B. Discovery Session: Have multiple interests in theatre? Pick an interest area and we will set you up with someone from our team to tell you about their process (30-60 min only - sometimes followed by a One on One)

C. One on One: Know who or what area you want to shadow at ATP? Tell us your specific interest (one per request) and we will pair you with someone from our team to observe them as they work. (length of session(s) range depending on request).

D. Other (please explain):

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Number:

I have read and reviewed the schedule and expectations. IF UNDER 18: I have permission from my parent/ guardian to participate in Alberta Theatre Projects Job Shadowing program. I have also verified that that the program set up by ATP is acceptable with my teacher/instructor.

Student Signature:

(if applicable) Parent/Guardian Signature:

Signed on _____, 20__