



# JOB SHADOWING

## Job Shadowing Request Form

Spend some time with us at ATP shadowing professional artists working at ATP. Job shadows are set up on a show by show basis pending production schedules and artist availability. Select the Job Shadow session that works for you and we'll work with your schedule to accommodate you.

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Your Availability:

*\*Please use the chart below to specify the days and times you will be available*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please specify any date restrictions:

Your main areas of interest in Theatre:

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):

Please note that Job Shadowing opportunities are subject to the requirements of the production. Due to the dynamic nature of live theatre job shadow schedules are subject to change.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if applicable) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your completed form to Talore Peterson, Youth Engagement Manager, [tpeterson@atplive.com](mailto:tpeterson@atplive.com)