



# JOB SHADOW REQUEST FORM

**SUBMIT COMPLETED FORM BY FAX (503) 736-5007 OR**

**MAIL TO PORTLAND TRAIL BLAZERS, ATTN: JOB SHADOW REQUEST, ONE CENTER COURT, SUITE 200, PORTLAND, OR 97227**

Participants must be in school or part of a mentoring or vocational program. A Teacher/Instructor or Mentor/Counselor must be aware of the request and complete Section B of the form. Job shadow opportunities with the Trail Blazers are limited and although we try to fulfill as many requests as possible we cannot promise or guarantee we'll be able to place every student. Internship information is available at [www.trailblazers.com](http://www.trailblazers.com) (click on "Become a Trail Blazer"). For information on volunteer opportunities go to [www.handsonportland.org](http://www.handsonportland.org).

## SECTION A – TO BE COMPLETED BY STUDENT SEEKING A JOB SHADOW

Name of Student:	Age:	Year in School:	Date:
Mailing Address:	City:	State:	Zip:
Phone:	Email:		
Emergency Contact Name:	Relationship to Student:	Phone 1:	Phone 2:

Indicate the type of Job Shadow requested. We suggest selecting up to three and ranking in order of preference (1 = most preferred) since we cannot guarantee placement:

<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Community Relations	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Sponsorship Sales and Service
<input type="checkbox"/> Administration/General Management	<input type="checkbox"/> Game Operations (in game entertainment)	<input type="checkbox"/> Interactive Media	<input type="checkbox"/> Sports Communications
<input type="checkbox"/> Basketball Operations	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Marketing	<input type="checkbox"/> Ticket Sales and Customer Service
<input type="checkbox"/> Broadcasting and Production	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Other explain:
<input type="checkbox"/> Business/Governmental Affairs		<input type="checkbox"/> Retail Sales and Merchandising	

Briefly describe your motivation to seek a job shadow with the Portland Trail Blazers:

Please describe the requirements and your expectations for the job shadow:

Please state the times and/or dates you are available to participate in a job shadow:

If you're disabled or require special assistance, please explain so we can make reasonable accommodations:

<b>Job shadow deadline:</b> /    /    (Date job shadow must be completed by.)	<b>TO BE COMPLETED BY JOB SHADOW HOST (RETURN TO HR UPON COMPLETION):</b> Name: _____ Dept: _____ Date contacted student: _____ Date job shadow completed: _____	Number of Hours: _____
<b>Confirmation deadline:</b> /    /    (Date you must be notified by to confirm job shadow):		

## SECTION B – TO BE COMPLETED BY TEACHER/INSTRUCTOR/MENTOR

Name:	Title:	Phone:
Name of Institution:	Email:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Type: <input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> Middle School <input type="checkbox"/> Mentoring program <input type="checkbox"/> Other describe:		

Briefly describe your role/relationship with the student and your recommendation or support of his/her participation in a Job Shadow:

Please describe any expectations you may have for the student or the Portland Trail Blazers regarding this job shadow experience:

## SECTION C – ACKNOWLEDGMENT AND CONSENT

The Trail Blazers are committed to participating in the career exploration and development of young people. We recognize the job shadow process as a valuable tool for career education. We receive a number of requests for job shadow opportunities and in order to efficiently fulfill requests and ensure a high quality experience, we have established the following requirements and guidelines:

- Each participant must be a student or participating in a vocational or mentoring program.
- All participants must submit a completed, signed Job Shadow request form and release and waiver of liability form.
- Participants under the age of 18 must have a parent or guardian sign the request form and minor release and waiver of liability form.
- A teacher, instructor, counselor or mentor must be aware of the student's request and sign the request form (Section B).
- Job shadow opportunities may be limited to one visit in one department up to four (4) hours.
- Only one student per job shadow opportunity and only one request made per student per six-month period.
- Students must have transportation to and from job shadow site.
- Students must be neatly dressed and behave in a professional manner.
- The Trail Blazers attempt to fulfill as many requests as possible in the departments requested, but may suggest another department in order to fulfill a request and cannot promise or guarantee that all requests will be fulfilled.
- Once a request form is completed and submitted, the Trail Blazers will contact the student to follow up. (Please anticipate up to 30 days to respond.)

I have read and understand the policy regarding Trail Blazers Job Shadow opportunities and have completed the request form completely and honestly and agree to abide by the policy stated above.

<b>Signed by:</b>	<b>Print Name:</b>	<b>Date:</b>
Student: _____	_____	_____
Instructor: _____	_____	_____
Parent (if under 18): _____	_____	_____



**JOB SHADOW AGREEMENT AND  
RELEASE AND WAIVER OF LIABILITY**

In consideration of the opportunity to participate in a job shadow opportunity ("Activity") at the Rose Garden, Trail Blazers offices, Trail Blazers Practice Facility or such other location determined by Trail Blazers Inc. (collectively, the "Facilities"), I agree as follows:

1. I hereby release, waive and discharge Trail Blazers Inc., Rip City Management LLC d/b/a Portland Arena Management, AEG Facilities, Inc. and their respective affiliate companies, parents, officers, directors, agents, contractors, subcontractors and employees and the City of Portland and its commissioners (collectively "TBI"), from all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death, or damaged property, arising out of my participation in the Activity, including, without limitation, my use of and attendance at the Facilities.
2. I hereby release, waive and discharge TBI from all liability to me and my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death, or damaged property, arising out of any negligence relating in any way to my Activity at the Facilities, including, without limitation, the Facilities' construction, use, maintenance and operation.
3. I also hereby agree to indemnify and hold harmless TBI from any claim or demand on account of injury or damage that I may suffer as a result of my participation in the Activity at the Facilities. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of TBI.
4. I understand that my participation in the Activity is done on a purely voluntary basis. I understand that participating in the Activity can, in some cases, cause injuries, including potentially severe injuries, and severe social and economic losses. I am familiar with the potential risks involved in the Activity, and I assume all such risk. I acknowledge that I have the opportunity to inspect any equipment used in connection with the Activity, and either have done so or will do so, and I hereby waive any claim I may have with respect to the use, design or operation of the equipment or Facilities that I may use.
5. The numbered paragraphs of this Release and Waiver of Liability are severable.
6. I agree to keep confidential and not disclose to any person any confidential information that I learn in connection with the Activity and, if I am unclear about what constitutes confidential information, to ask the person at TBI who is supervising my Activity.
7. I understand that any property of TBI that I receive and all records and papers of any kind relating to TBI shall be the exclusive property of TBI. Without the prior written consent of an authorized officer of TBI, I shall not duplicate or disclose to any third party any confidential or proprietary information or trade secret pertaining to the business, products or services of TBI.
8. I agree that all disputes, controversies, or claims arising out of or relating to this Agreement and Release and Waiver from Liability shall be settled by expedited mandatory arbitration under the auspices of the Arbitration Service of Portland, Inc. The arbitration shall be conducted as described below; however, to the extent ORS 36.600 to 36.740 ("Oregon Arbitration Act") requires otherwise, the arbitration will be conducted as required by the Oregon Arbitration Act. The arbitration shall be conducted in accordance with the rules of the Arbitration Service of Portland, Inc. as are in effect at the time of the date of this Agreement. Any judgment against either party may be entered upon it in any court having jurisdiction. Notice of the demand for arbitration shall be filed in writing with the other party and with the Arbitration Service of Portland, Inc. Each party shall be entitled to discovery, as provided for in the Oregon Arbitration Act. The arbitration shall take place in Portland, Oregon. The prevailing party, as determined by the arbitrator, shall be entitled to an award of reasonable attorney fees. The arbitration proceedings shall be conducted by a single arbitrator, in privacy, and except to the extent necessary to enforce any award, the proceedings and their results shall be confidential.
9. By signing this Agreement I consent to the use of my name and/or photograph or other likeness by TBI without any additional compensation or inspection. I also confirm that I am over the age of 18 or if I am under the age of 18, my parent or legal guardian has signed on my behalf, and that all facts in this Agreement are true. I have read this Agreement and Release and Waiver of Liability and understand that by signing it I have given up substantial rights. I sign this Agreement voluntarily.

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature of Participant or  
Parent/Legal Guardian, if applicable

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name of Parent/Legal  
Guardian, if applicable

\_\_\_\_\_  
Date of Job Shadow

\_\_\_\_\_  
Date of Signature