



571 County Road A, Green Lake, WI 54941

CAREER SHADOW PROGRAM

Welcome to Green Lake County's Career Shadow Program. The intent of this program is to promote governmental transparency, facilitate career development, and nurture further understanding of public service. This will be done by exposing participants to the realistic work situations which Green Lake County employees may face during a normal work day.

Please find attached, and complete in full, the following documents:

- 1) Program Application
- 2) Rules, Terms, and Conditions
- 3) Hold Harmless/Liability Waiver

Upon completion of this packet you should make copies for your records and then deliver this packet, the original, to:

County Clerk
571 County Road A
Green Lake, WI 54941

Rules, Terms, and Conditions

1. Participants must have successfully completed the application, been approved by Administration, signed the hold harmless/liability waiver (attached), and agree to the rules, terms, and conditions.
2. Acceptance and/or availability for the program is not guaranteed.
3. Typically, Green Lake County will only take on one participant at a time.
4. The most qualified applicants with the greatest positive attributes or documentation will be selected first.
5. Participants may be suspended from the program and asked to leave, with or without cause, which could lead to a revocation from the program.
6. Participants may voluntarily withdraw from the program.
7. Participants must be 16 years of age or older. Participants less than 18 years of age must have signed parental or guardian approval. Age requirement is waived for the National Take your Son or Daughter to Work day, which is observed on the 4th Thursday of April each year.
8. The participant will dress in appropriate attire, which may include Personal Protective Equipment, as defined by each department.
9. Participants are to act professionally at all times. Participants are prohibited from (partial list) swearing, commenting or joking inappropriately, consuming alcohol, smoking cigarettes or chewing tobacco, possessing anything illegal, breaching confidentiality, or sleeping while in the program.
10. Participation is voluntary and no payment of any money, goods, or service is expressed or implied.
11. Participants are not permitted to represent themselves as employees or agents of Green Lake County.
12. Participants will not, under any circumstances, be allowed to carry any type of knife, weapon, or firearm.
13. Typically, participants will serve only with the mentor to whom he/she is assigned.
14. Participants may not interfere with any action, or any equipment, of any mentor at any time.
15. Participants may be exposed to confidential information of which secrecy is of the utmost importance. Participants may be asked to excuse themselves from some confidential situations.
16. The participant must follow the mentors directions at all times and may participate in minor non-essential tasks as deemed appropriate by the mentor.
17. Participant understands that individual departments may have more extensive requirements than listed above.

Participant (Signature)

Date

Responsible Adult

_____ Parent _____ Guardian

Date

Hold Harmless and Release from Liability Waiver

Participant Name: _____

I, the undersigned participant, do hereby acknowledge and fully understand that some occupations within the Green Lake County may be dangerous.

Initials_____

I, the undersigned participant, also acknowledge and fully understand that the above named participant may be exposed to injury and/or death, intensely emotional situations, potentially disturbing conflicts, the mentally ill, property damage, or emotional loss as a result of this program.

Initials_____

I, the undersigned participant, together with my estate, any heirs and/or assigns, do hereby hold harmless Green Lake County, Wisconsin, its agencies and employees, from and against all liability, damage, loss, claims, demands and actions of any nature whatsoever, including attorney fees, which arise out of or are connected with or are claimed to arise out of my participation within the Career Shadow program.

Initials_____

I, the undersigned participant, acknowledge and fully understand that this document shall be considered a complete and total waiver of any and all liability on the part of Green Lake County and/or its employees.

Initials_____

Participant (Signature)

Date

As the parent/guardian for the above named participant, I authorize my minor child to participate in the Green Lake County Career Shadow Program

Responsible Adult

Date

____ Parent ____ Guardian *****Required Initials Above

Witness

Date