

Job Shadowing Agreement

Date: [Insert Date]

Participant Name: [Insert Participant Name]

Mentor Name: [Insert Mentor Name]

Company/Organization: [Insert Company Name]

Duration of Job Shadowing: [Insert Duration]

Purpose of Job Shadowing

This agreement outlines the expectations and details regarding the job shadowing experience aimed at enhancing skills and knowledge for the participant.

Responsibilities

Participant:

- Observe and learn from the mentor.
- Ask questions when appropriate.
- Maintain professionalism and confidentiality.

Mentor:

- Provide guidance and share knowledge.
- Answer questions and offer feedback.
- Ensure a supportive learning environment.

Confidentiality

Both parties agree to respect the confidentiality of any proprietary information encountered during the job shadowing experience.

Signatures

By signing below, both parties agree to the terms outlined in this job shadowing agreement.

Participant Signature: _____

Mentor Signature: _____