



RIDE TO DECIDE JOB SHADOW OVERVIEW AND APPLICATION

https://atlasbutler.com/RideToDecide

The purpose of the Atlas Butler Ride *To* Decide Job Shadow program is to provide high school students an introduction to the HVAC and Plumbing professions. Job shadowing provides valuable insight for students to connect skills with work opportunities and begin developing a career path for after graduation. Atlas Butler Job shadow opportunities are offered on Wednesdays throughout the school year.

Job Shadow Criteria:

- Be 16 years of age or older.
- Have a minimum overall 2.0 GPA.
- Have reliable transportation to and from Atlas Butler.
- Able to report to Atlas Butler at 7:00 am.
- Obtain permission to participate from current school guidance counselor or administrator.
- Have permission from a parent or guardian to participate.
- Complete the Atlas Butler Release, Waiver and Medical Authorization. Must be signed by a parent or guardian for students under 18 years of age.

How to Apply:

Job shadow submissions will be accepted via email or US mail. The application can be downloaded at https://atlasbutler.com/RideToDecide. Completed applications may be submitted either by email or US mail:

Email: Submit to Jeanne Hoffman at jhoffman@atlasbutler.com.

US Mail: Atlas Butler

ATTN: Jeanne Hoffman 4849 Evanswood Drive Columbus, OH 43229



ATLAS BUTLER RIDE *TO* DECIDE JOB SHADOW APPLICATION

Student's Name:		Date of Birth:	
Address:			
City:	State:		Zip Code:
Student Phone:	Student Email: _		
Parent/Guardian Name:	Pa	rent/Guardian Ph	one
School Name:			
Please select your current grade le	evel. Sophomore	\Box Junior	□Senior
GPA:	Date you expect	to graduate?	
Do you have a valid Ohio Driver's I	License? Yes □ No	o 🗆	
If no Ohio Driver's License, do you	have reliable transportatio	n? Yes □	No □
Please check area(s) of interest. (S	See descriptions of areas of e	expertise for job de	escriptions.)
☐ HVAC INSTALLATION	☐HVAC SERVICE		à
Briefly describe your reasons for woopportunity.	vanting to participate in an a	Atlas Butler RIDE 7	TO DECIDE Job Shadow
Student Signature			Date
Parent Signature			Date
ADMINISTRATOR OR	GUIDANCE COUNSELO	R TO COMPLET	E THIS SECTION
Administrator or Guidance Counse	elor Name (please print):		
Contact Email:		Contact Phone:	
Signature:			