

# **COLUMBIA** METROPOLITAN AIRPORT

## Job Shadow Guidelines and Application

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# Job Shadow Guidelines

The Richland-Lexington Airport District has established the following guidelines for job shadowing at the Columbia Metropolitan Airport.

- Departments within the airport may allow students to job shadow for a period of up to one week or five (5) business days. The timeframe of the job shadow is flexible and hours may vary depending on applicant's availability and needs. If the applicant desires to shadow for multiple days those days must be consecutively and within the same week.
- CAE recognizes that students may not be able to drive themselves and therefore must rely on parents / guardians to provide transportation, for this reason a start or end time is not defined, however once a job shadow leaves for the day they may not return until the following day.
- The Job Shadow opportunity is designed for high school (grades 9 and higher) or college students.
- Job Shadows are responsible for providing their own food and beverages during the job shadow. Lunch will not be provided but filtered Water is available in most of the break rooms.
- Job Shadows are responsible for providing their own transportation to and from the workplace.
- Applications for a job shadow may be sent to the Human Resources department at the following address.
  - Human Resources  
Columbia Metropolitan Airport  
3250 Airport BLVD. Suite 10  
West Columbia, SC 29170  
[c.stevenson@flycae.com](mailto:c.stevenson@flycae.com)
- Ultimately the department head or manager will determine if they are able to support a job shadow at the time requested.
- Any deviations to these guidelines are to be discussed with the department head or manager and allowed only with their permission.

# Job Shadow Application

Date of Application: \_\_\_\_\_

## Section 1: Applicant Information

Applicant Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2: Host Information

Columbia Metropolitan Airport  
3250 Airport BLVD. Suite 10  
West Columbia, SC 29170

Desired Shadow Department: \_\_\_\_\_

## Section 3: Applicant Education:

Name of Education Institution: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Grade level: \_\_\_\_\_

## Section 4: Education Contact Information

School Contact / Professor / Guidance Counselor:

\_\_\_\_\_

Position / Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

## Section 5:

Briefly explain what the applicant desires to achieve or gain by shadowing the department listed above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Desired Start Date: \_\_\_\_\_

Number of days you wish to Shadow the department: \_\_\_\_\_

Arrival time each day: \_\_\_\_\_

Departure time each day: \_\_\_\_\_

# Release of Liability And Assumption of Risk

## Parent(s) or Guardian(s) (if under 18 years of age)

We as the parent(s) and guardian(s), give permission for \_\_\_\_\_(name)  
to participate in a job shadow at the Columbia Metropolitan Airport on \_\_\_\_\_(date).

## In case of medical emergency contact:

Parent/guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Release of Liability and Assumption of Risk

I, being the below signed student or parent, as applicable, understand that the purpose of this program is to provide students an on-site opportunity to experience a prospective occupational setting, to learn from working professionals the qualifying factors to enter, progress, and derive satisfaction from their prospective career.

OCCUPATIONAL SETTINGS MAY PRESENT RISK OF PHYSICAL INJURY OR LOSS OF PROPERTY. I FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE PERSONS RELEASED FROM LIABILITY BELOW, AND ASSUME FULL RESPONSIBILITY FOR PARTICIPATION IN THIS PROGRAM.

I HEREBY RELEASE AND HOLD HARMLESS THE RICHLAND-LEXINGTON AIRPORT DISTRICT (D/B/A THE COLUMBIA METROPOLITAN AIRPORT), ITS COMMISSIONERS, OFFICERS, EMPLOYEES AND AGENTS (THE "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PERPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF THE RELEASEES' GROSS NEGLIGENCE OR UNLAWFUL CONDUCT.

I HAVE READ THES RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Student/Applicant (Parent/guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date