

JOB SHADOW PROGRAM: REGISTRATION FORM

Thank you for your interest in attending Faith Technologies' Job Shadow! To register for this event, please complete this form and email it to Sara.Mahn@faithtechnologies.com or Brittany.Staver@faithtechnologies.com.

STUDENT NAME: _____ **DATE OF BIRTH:** _____

SCHOOL: _____ **GRADE:** _____

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE NUMBER: _____ **STUDENT EMAIL:** _____

EVENT DATES OF INTEREST: *(First Choice)* _____ *(Second Choice)* _____
Events fill up quickly, so please identify a second date of interest.

Parent or Guardian Contact Information:

NAME: _____ **RELATIONSHIP TO STUDENT:** _____

PRIMARY PHONE: _____ **SECONDARY PHONE:** _____

EMAIL ADDRESS: _____

Additional Information:

FOOD ALLERGIES: _____

SPECIAL REQUESTS: _____

HOW DID YOU HEAR ABOUT THE EVENT? _____

PLEASE SELECT YOUR CAREER(S) OF INTEREST. *If applicable, please select more than one.*

Field Construction (Electrical/Specialty Systems)

Manufacturing

Estimating

Logistics

Project Management

Office/Clerical

Engineering

Other _____

Virtual Construction (BIM/CAD)