



The Lutheran High School *of* Kansas City

Unpaid Volunteer Job Shadowing Form: MO A+ Program

2019 – 2020 School Year

Lutheran High Student: _____

Job shadowed at: _____

Date: ____ \ ____ \ ____ Number of hours: _____

Supervising Adult: _____

Job shadowed at: _____

Date: ____ \ ____ \ ____ Number of hours: _____

Supervising Adult: _____

Job shadowed at: _____

Date: ____ \ ____ \ ____ Number of hours: _____

Supervising Adult: _____

Job shadowed at: _____

Date: ____ \ ____ \ ____ Number of hours: _____

Supervising Adult: _____

Job shadowed at: _____

Date: ____ \ ____ \ ____ Number of hours: _____

Supervising Adult: _____

School Official Signature and Date: _____

Total Hours: _____