



## Benton County Public Works and Community Development JOB SHADOW PROGRAM APPLICATION

**INSTRUCTIONS:** *Juveniles must be at least 16 years of age and have a parent or guardian signature prior to consideration for an observation. Please submit your request as far in advance (ONE WEEK MINIMUM) as possible. To request a job shadow, complete the following information (please type or print), read the stipulations, sign and date the form, and then submit it to either:*

**Public Works**

By email: [pwinfo@bentoncountyor.gov](mailto:pwinfo@bentoncountyor.gov) or in-person or by mail: **360 SW Avery Ave, Corvallis OR 97333**  
or

**Community Development**

By email: [permitcheck@bentoncountyor.gov](mailto:permitcheck@bentoncountyor.gov) or in-person or by mail: **4500 SW Research Way, Corvallis OR 97333**

NAME:			
DOB:	AGE:	CONTACT PHONE:	EMAIL:
ADDRESS:			
CITY:		STATE:	ZIP:
JOB SHADOW REQUESTED WITH: <input type="checkbox"/> ROADS CREW <input type="checkbox"/> ENGINEERING / SURVEY <input type="checkbox"/> PLANNING / BUILDING		PURPOSE:	
DATE REQUESTED:		TIME REQUESTED:	

The applicant named above hereby acknowledges and declares that this application is made with the following understandings and stipulations:

1. This opportunity is provided to the applicant purely gratuitously, and may be revoked, canceled or terminated at the discretion of Benton County.
2. On-site inspections, road work and surveying involves, by its very nature, many hazards beyond the power of the Benton County and its employees to control. At all times while performing as an observer, the applicant agrees that they will, without question or hesitation, abide by the directions of County staff; and further recognizes that those directions may not effectively eliminate risk to the applicant, which the applicant assumes.
3. The applicant recognizes that if injury or illness occurs and medical assistance, including first aid and/or ambulance service, is necessary, Benton County will arrange for the same, consent for which is hereby given, and the applicant agrees to pay any and all costs incurred or accruing in connection therewith.
4. In consideration of the acceptance of this application and granting by Benton County of the privilege of acting as an observer, the applicant does hereby forever release, discharge, and acquit Benton County, its deputies, agents, and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with their participation hereunder.

**THE APPLICANT DECLARES THAT THEY HAVE CAREFULLY READ AND FULLY UNDERSTANDS THE FOREGOING: and, by their signature affixed hereto, accepts the same and assents thereto in its entirety.**

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE

**PARENT OR GUARDIAN MUST SIGN THE FOLLOWING IF THE APPLICANT IS UNDER 18 YEARS OF AGE:**

I, \_\_\_\_\_, being the parent or legal guardian of the above  
PRINT NAME  
applicant do hereby certify that I have carefully read and fully understand the foregoing application; and do hereby personally and on behalf of the said applicant accept and assert to their participation under the terms, stipulations, and conditions set forth in the said application, including the **CONSENT TO MEDICAL ASSISTANCE** (paragraph 3) and the **RELEASE OF LIABILITY** (paragraph 4) set forth therein.

**PARENT OR GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE