



Career Exploration Request Weigand Center for Professional Excellence

Academic Year: FY SO JR SR

Date: Student I.D.:

Name:

Home Address:

Cell Phone:

E-mail Address:

Preferred mode of contact: Cell Phone Email

Is this for a course requirement? If so please indicate which course. No Yes _____

Career Interest:

Career(s) I would like to explore:

1. 2.
3. 4.

Term in which I would like to experience career exploration:

Fall J-Term Spring Summer

I am able to provide my own transportation? Yes No

Expectations and goals for my career exploration experience:

Referred by:



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Career Exploration Request AGREEMENT

I, _____, wish to participate in the Elmhurst University Weigand Center for Professional Excellence (WCPE) Short-term Career Exploration (STCE) Program. In consideration for being accepted, I agree to do the following:

1. I will complete a Career Exploration Request packet, identifying my careers of interest, and return it to Mentoring Program at the Weigand Center for Professional Excellence, A C Buehler Library, to begin the career exploration process.
2. Once I receive notification from the WCPE of the professional's name and contact information, I will contact the professional within 24 hours to schedule a mutually agreeable date and time for the experience to take place.
3. I will email the Mentoring Program Assistant at mentprot@elmhurst.edu the date and time of my scheduled career exploration experience.
4. I will complete the career exploration experience at the scheduled time, date and location that I have set-up with the professional.
5. If for any reason I am unable to follow through with the scheduled career exploration experience, I will notify the professional and the Mentoring Program in a timely and professional manner.
6. I will observe appropriate dress code, if applicable, for the environment in which I am experiencing the career exploration.
7. I will complete the on-line evaluation survey sent to me by the Mentoring Program regarding my exploration experience.
8. I will send a hand-written thank you card or email, whichever is most appropriate, to the professional within one week of the experience.
9. If I should feel uncomfortable or experience any problems during my career exploration experience, I will notify the Mentoring Program as soon as possible at (630) 617-3440.
10. I will complete and submit to Mentoring Program at mentprot@elmhurst.edu, an Experience Learning Waiver, prior to attending any off campus experience.

Student Signature: _____

Date: _____



Elmhurst University
Experiential Learning Waiver
(This is a release. Please read carefully.)

Student Name:

Student ID:

Date:

In consideration for the opportunity to participate in the Weigand Center for Professional Excellence off-campus experiential learning, the undersigned acknowledges and certifies the following:

Elmhurst University (the University) itself does not control the way in which this experiential learning opportunity is structured and operated. This experiential learning opportunity is structured by the host site, not Elmhurst University. In coordinating this experience, the University, its officers, trustees, representatives, agents, attorneys, employees, and successors make no assurances, expressed or implied related to the environment which might exist at the site. Each experience may include potential hazards which are beyond the control of the University, its officers, trustees, representatives, agents, attorneys, employees, and successors including, but not limited to, damages or loss of property or injury or death due to any act of negligence of the site, its employees and other persons rendering or participating in the off-campus experiential learning experience.

INSURANCE COVERAGE:

1. I have sufficient health, accident, and hospitalization insurance to cover me during my off-campus experiential learning. I further understand that I am responsible for the costs of such insurance, and I recognize that the University does not have an obligation to provide me with such insurance.
2. I assume full responsibility for any physical or emotional problems that might impair my ability to complete the experience, and I release the University, its officers, trustees, representatives, agents, attorneys, employees, and successors from any liability for injury to myself or damage to or loss of my possessions.
3. I understand that if I use my personal vehicle for transportation to and/or from the off-campus experiential learning site, the University, its officers, trustees, representatives, agents, attorneys, employees, and successors has no liability for injury or property damage which may result from that use. I agree to rely solely on my personal vehicle insurance coverage.

PERSONAL CONDUCT

I understand that the responsibilities and circumstances of off-campus experiential learning may require a standard of professional decorum that may differ from that of Elmhurst University. Therefore, I indicate my willingness to understand and conform to the professional standards of the off-campus learning site. I further understand that it is important to the success of both present and future off-campus experiences that participants observe standards of conduct that would not compromise Elmhurst University from the perspective of individuals and organizations. I agree, should the program coordinator determine that I must be removed from the program because of conduct that reflects poorly on the program, that decision will be final.



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GENERAL RELEASE

I understand and agree that my participation in off-campus experiential learning and use of any facilities in connection with any experiences established related to off-campus experiential learning is undertaken by me at my own sole risk and that Elmhurst University, its officers, trustees, representatives, agents, attorneys, employees, and successors are not liable for any claims, demands, injuries, damages, or actions whatsoever to me or my property arising out of or connected with the experience(s). I do hereby release, acquit, forever discharge and covenant not to sue Elmhurst University, its officers, trustees, representatives, agents, attorneys, employees, and successors from any and all liability whatsoever, including all claims, demands and causes of action of every nature that may arise in connection with my participation in off- campus experiential learning.

This agreement shall be construed, interpreted and controlled by the laws of the State of ILLINOIS.

I, _____ certify that I have read and understand all the terms and contents of this “release and authorization” and execute it voluntarily and unconditionally.

STUDENT SIGNATURE

Date of Birth

Age*

PARENT/GUARDIAN SIGNATURE

Date

**(If student is under age 18 at the time the experience begins, parent/guardian signature is required.)*

