

CLASS SHADOW REFLECTION FORM

Are you interested in participating in a Class Shadow at VIU? You can have an opportunity to join a trades program for a day.

Here's how it is done

1. Print off this package which contains:
 - ✓ Waiver and Assumption of Risks – Class Shadowing at VIU Facilities Form
 - ✓ Trades & Applied Technology – Program Chairs Contact List
 - ✓ VIU Class Shadow / Dual Credit Form
2. You contact the VIU Program Chair and setup a date and time when it is best for you to do the Class Shadowing.
3. Complete the Waiver and Assumption of Risks – Class Shadowing at VIU Facilities form must be filled out and given to the VIU Program Chair when you go up to VIU. If the Waiver is not completed, you will be unable to participate.
4. **Once you have completed your VIU Class Shadow Reflection Form, please return it to the CTC Office at 1111 Dufferin Crescent, Nanaimo or scan and email it to ctc@sd68.bc.ca**

WAIVER AND ASSUMPTION OF RISKS CLASS SHADOWING AT VIU FACILITIES

Vancouver Island University organizes many sponsored events on a daily basis as part of its mandate with the community. In order to ensure students, employees, visitors and volunteers (to be known as Participant) are aware of the risks and hazards present on campus, information is provided on environmental, and health and safety concerns related to organized activities.

The activity concerned _____ (to be known as the Activity) occurring at _____ (location) on _____ (dates) **IS NOT MANDATORY** on the Participant's behalf to obtain course credit or meet other work or educational requirements.

The Participant freely accepts and fully assumes all such risks, dangers, and hazards and the possibility of personal and bodily injury, death, property damage, or loss resulting from such risks, dangers and hazards.

The Participant will be supervised at all times by a competent designed supervisor. The risks, dangers and hazards may include but are not limited to:

- Stairs
- Vehicles
- Weather (rain, snow , sun)
- Equipment
- Hazardous goods (gasoline)
- Wildlife
- Lifting

By signing this document the Participant or his/her parent/guardian:

- Agrees to freely accept such risks, dangers and hazards inherent in undertaking the Activity.
- Understands that no remuneration, compensation, employee benefit, or any other privilege enjoyed by University employees or students entitled as a result of participating in the Activity.
- Understands that class shadowing is not covered by the WorkSafe BC for injuries arising as a result of the Activity. However, class shadowing is covered by the Universities Insurance Program (UCIPP).
- Agrees that it is the responsibility of the participant to familiarize themselves with environment and health and safety requirements applicable to the Activity.
- Agrees to participate in hazard awareness training (if required), to meet personal protection requirements to follow directives provided by Activity leaders, and to respect emergency situation guidelines.
- Agrees to follow University procedures, report any incidents witnessed, and respect environmental and health and safety requirements on University property while participating in the Activity.
- Agrees not to undertake any procedures, process, activity that was not discussed or reviewed with the Activity supervisor without first obtaining training, instruction, and/or supervision by the designated competent supervisor.
- Understands and fully accepts that if the participant chooses to participate in any other activity that is not part of the planned Activity, that they are fully responsible for the consequences of their conduct.
- Understands and fully accepts that if the Participant fails to observe any conditions or rules established during the course of the Activity, that the Participant may be asked to leave.

In the unlikely event that the Participant requires immediate lifesaving medical intervention (such as surgery) and that the parent/guardian and off-campus contact cannot be reached, the participant or parent/guardian agrees to give permission to the University Primary First Aid Attendant to consent to life saving procedures. The emergency contact/parent/guardian will be notified by the quickest means.

Participant Signature

WAIVER AND ASSUMPTION OF RISKS

Persons 18 years of age or older

I ACCEPT AND FULLY ASSUME all such health and safety risks, dangers and hazards which may be associated with my participation.

Upon the University's request, **I AGREE** to leave University property should I fail to follow the University's instructions or directions, or if there is any environmental or health and safety infraction.

Signature of Participant

Print Name of Participant

Email

School Presently Attending

Telephone / Cell Number

Anyone under the age of 18

I CONSENT to the Participant's presence at Vancouver Island University and **I ACCEPT AND FULLY ASSUME** all such health and safety risks, dangers and hazards which may be associated with his or her participation.

Upon the University's request, **I AGREE** to pick up the Participant should he or she fail to follow the University's instructions or directions or if there is any environmental or health and safety infraction. I the undersigned declare that I am the parent or legal guardian of the Participant identified below. I agree to inform the participant about the guidelines of this program and Vancouver Island University requirements.

Print Name of Parent/ Legal Guardian (Children under 18 years of age)

Signature of Parent / Legal Guardian (Children under 18 years of age)

Parent Email

Home Telephone / Cell Number/Work Phone

Participant Name

Attending High School

Important For All Participants

Name of other emergency contact outside of University

Telephone Number

Name of University Employee Supervising Participant

Telephone Number

ACTIVITY SUPERVISOR

I _____ am the person responsible for the Participant during the course of the Activity.

- I have informed the Participant on the matters set out in this waiver
- I have informed the Director or Dean of the Activity
- I agree to assume full responsibility for supervising the participant during the Activity.
- I agree to notify the Director or Dean and Health and Safety Services of any incident, conduct, and any other matter relating to the participant's conduct during the activity.
- I have ensured the participant has received the required health and safety training before the start of the Activity.

Supervisor Signature

Date

VIU PROGRAM CHAIRS 2021-2022

PROGRAM	CHAIR	PHONE	EMAIL
Auto Service Technician	Dean Cadieux	(250) 740-6148	dean.cadieux@viu.ca
Baking	Rita Gower	(250) 740-6114	rita.gower@viu.ca
Carpentry	Cameron Frenette	(250) 713-0243 (250) 748-4529 x 3701	cameron.frenette@viu.ca
Dental Assistant	Marianne Roden	(250) 740-6261	marianne.roden@viu.ca
EACS	Leif Rasmussen	(250)740-6264 x6264	Leif.rasmussen@viu.ca
Electrician	Shane Dalager	(250) 740-6563	Shane.dalager@viu.ca
Hairdressing	Joanne Slocum	(250) 740-6218	joanne.slocum@viu.ca
Heavy Mechanical Trades	Chris Schweers	(250) 740-6120	chris.schweers@viu.ca
Health Care Assistant	Kim Fraser	(250) 753-3245 x 4144	kim.fraser@viu.ca
Horticulture	Jessica Gemella	(250) 754-8756	jessica.gemella@viu.ca
Info Tech (ITAS)	Graham White	(250) 740-6116	Graham.white@itas.ca
Motorcycle/Marine Technician	Dean Cadieux	(250) 740-6148	dean.cadieux@viu.ca
Office Administration (AA, ACCT, LAW)	Terri Barber	(250) 740-2386	terri.barber@viu.ca
Power Engineering*	Paul Mottershead	(250) 740-6123	paul.mottershead@viu.ca
Professional Cook Level 1	Rita Gower	(250) 740-6137	Rita.gower@viu.ca
RACM	Matt Beck	(250) 740-6111	matthew.beck@viu.ca
Roadbuilder & Heavy Construction Equipment Operator Foundation	Lauren Wapple	Local 6255	lauren.wapple@viu.ca
Trade Sampler	Cameron Frenette	(250) 713-0243	cameron.frenette@viu.ca
Welding	David Drury	(250) 740-6139	david.drury@viu.ca

Students Name: _____

VIU CLASS SHADOW REFLECTION FORM

Return this form to the CTC Office immediately following your shadow.

Please (✓) the program that you have attended.

Trade Programs:

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Auto Service Tech | <input type="checkbox"/> Baking | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Professional Cook I |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Heavy Mechanical Trades | |
| <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Motorcycle/Marine Technician | |
| <input type="checkbox"/> RACM – Refrigeration Mechanic | <input type="checkbox"/> Welder | <input type="checkbox"/> Trades Sampler | |

Technical Training:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Office Administration | <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Education Assistant (EACS) | <input type="checkbox"/> Health Care Assistant |
| <input type="checkbox"/> Systems and Networking (ITAS) | <input type="checkbox"/> Web and Mobile Development (ITAS) | <input type="checkbox"/> Other: _____ | |

Please summarize your class shadow experience.

TO BE COMPLETED BY THE VIU INSTRUCTOR:

Start time-end time the student/date
(ie. 8:30 am – 4:30 pm / Sept. 15/16)

Instructor Name

Instructor Signature

Instructor Comments:

Summarize what you learned during this class shadow experience.

How has this class shadowing experience changed your employment or career goals?

What additional class shadows, job shadows, certifications or information would you like to do so meet your employment and/or career goals and why?

