

Vocational Service Project

Bay City Rotary Club

The Bay City Rotary Club is providing a project in vocational service designed to interest high school students in the businesses and trades that are available locally. It is hoped this project will help students make good career decisions.

Business and professional people are inviting students to spend one forenoon with them at their offices, business, and shops, and will host the students at a luncheon at the Lumber Barons Charcoal Grill & Brew Pub, 804 East Midland Street, Bay City, at noon. (A schedule that would begin with the luncheon and then with the student spending the afternoon at the work site could also be arranged if that would be more helpful.)

Arrangements for participation are made through the use of this form.

Part A -- Vocational Service Opportunity (Part A, the invitation, is to be filled out by the Rotary member and then distributed to the school by Rotary Vocational Days Committee.)

(Please Print or Type)

Visitation Date: _____ 20 _____ # of Students: _____

Brief description of the vocation the student will experience: _____

Name and address of business: _____

Host Rotarian: _____ Title: _____ Phone: _____

Contact Person: _____ Fax: _____

What time should the student meet you: _____ Where: _____

Note: As an additional service to schools and students, would you be willing to host a student on an occasional "appointment" basis if requested through a school? Yes ___ No ___

Part B -- Student Information (Counselors will identify an appropriate student for the visit described in Part A, then complete Part B and fax (mail, if no fax) a copy of the full form to the Host Rotary member to tell him/her who is coming and to inform him/her of any special arrangements that might be needed.)
Parent signature confirms permission for student to participate.

Name of student: _____ Phone: _____ Grade: _____

Parents and address: _____

Emergency contact phone: _____

Parent permission signature: _____

Vocational goals or areas of special interest: _____

Any necessary special arrangements: _____

School Counselor: _____ Phone: _____

Name of High School: _____ Fax: _____

Original to Student's File

Copy to Student

Fax to Host
(mail, if no fax)