



**girls
inc.**®

GIRLS INCORPORATED OF
GREATER SANTA BARBARA PRESENTS...

TAKE OUR DAUGHTERS TO WORK DAY 2010

What is it?: Our Annual Take Our Daughters to Work Day is an exciting opportunity for teen girls to **explore future career opportunities** that are of interest to them. Each girl will be paired with a woman in her career field of interest and given the chance to see what it really takes to **pursue her dream job through a hands-on JOB SHADOW!**

How do I get involved?: Fill out a registration form!

Do I have to go to work with my own parent?: Not necessarily. You are paired up with a local woman in your career field of interest. If you happen to want to job shadow your mom, aunt, or other woman in your life please let Girls Inc. know.

When is my application due?: Register early! The spaces fill up quickly! The deadline is **Friday, May 7th.**

Schedule for the event: *May 13, 2010*

11:00-11:45am - Girls Inc. Youth Buses pick you up at your school

11:30am-12:00pm – Check-in at Girls Inc.'s Goleta Valley Center (4973 Hollister Ave)

12:00pm – Meet your mentor and eat lunch!

1:00pm – Travel with your mentor to her place of business for your job shadow!

4:00pm – Your mentor will drop you off at our Goleta Valley Center for closing ceremonies

5:00pm – Event ends and you are picked up by a parent/guardian at the Goleta Valley Center (*transportation back to your school is available, please ask!*)

Have a question? Or want to get involved as a Mentor or volunteer?:

Please contact Jen Bowman at Girls Inc. of Greater Santa Barbara. 805-963-4757, ext. 17,
or jenbowman@girlsincsb.org.

Can't wait to see you at our 17th Annual Take Our Daughters to Work Day!!



Girls Incorporated of Greater Santa Barbara Take Our Daughters to Work Day – Participant Registration Form



Please complete both sides of this application and print clearly.

Name: _____ School: _____ Grade: _____

Address: _____ City/Zip Code: _____

Phone: _____ Your Email: _____

Ethnicity: Asian Latina African American White American Indian
 Multi-racial (please specify races) _____ Other _____

Applicant lives with: Two Parents Mother only Father only Joint custody Neither parent
 If Joint custody, please explain:

Parent or Guardian: _____ Home Phone _____ Work Phone _____ Email _____

Emergency Contact: _____ Home Phone _____ Work Phone _____

What careers are you interested in exploring? Please rank the top three in order of preference. 1= Most Desired Career. On the line next to the career categories you have chosen please indicate the *specific* career of interest to you.

Education/Childcare: _____
 Teacher (Elementary School – College Professor), School Administrator, Director of Child Care Center, Childcare Provider, other

Health & Medicine: _____
 Doctor, Nurse, Pharmacist, Health Assistant, Chiropractor/Physical Therapist, Massage Therapist, Acupuncturist, Midwife, other

Business/Banking/Finance: _____
 Accountant, Insurance Agent, Small Business Owner, Administrative Assistant, Receptionist, Executive Director, Banker, other

Law Enforcement/Public Service: _____
 Police Officer, Probation Officer, Firefighter, Judge, Lawyer, Forest Ranger, Detective, FBI/CIA agent, other

Fitness/Health: _____
 Sports Coach, Fitness Instructor, Dietician, Nutritionist, Chef, Trainer, other

Media: _____
 News Reporter, Radio DJ, Producer, Video Editor, Public Relations, Advertising, other

Technology & Science: _____
 Computer Programmer, Scientist, Engineer, Environmentalist, Biologist, Inventor, other

Fashion & Beauty: _____
 Fashion Designer, Hair Stylist, Manicurist, Makeup Artist, Salon Owner, other

Architecture & Planning: _____
 Architect, Interior Designer, Contractor, Land Use Planner, Civil Engineer, other

Culinary Arts & Hospitality: _____
 Chef/Cook, Baker, Waitress, Hostess, Restaurant Owner, Hotel Manager, other

Creative Arts: _____
 Artist, Photographer, Gallery Owner, Dancer, Actress, Singer, Songwriter, other

Writing & Publishing: _____
 Writer, Journalist, Author, Editor, Grant Writer, poet

Sales: _____
 Real Estate, Retail, Pharmaceutical Sales, other

Helping Professions: _____
 Social Worker, Minister, Career Counselor, School Counselor, Therapist, other

** We will make every effort to match your interests, however we cannot make guarantees.**

Please answer the following questions about yourself. The information will be used to find the most suitable match for you and your career choices. We will also share this information with your mentor prior to the event so they can be sure to provide you with the best experience possible. Thank you!

1. **What dreams do you have for your future?** (Career, family, personal, etc.)

2. **What subjects do you enjoy? What would you like to study in college? How might this relate to future career choices?**

3. **What are your hobbies and interests?**

4. **What do you consider to be your strengths and abilities?**

5. **Describe what you would like the day with your mentor to look like? What types of things would you like to do?**

6. **What do you hope to learn from this experience?**

7. **Do you speak any language(s) other than English?** _____

8. **Will you need transportation back to your school after the event?** _____

Parent Permission/Release Form

I _____, give my daughter _____ permission to attend Girls Incorporated of Greater Santa Barbara's **Take Our Daughters To Work Day**, I give permission for her to ride to and from work with the woman with whom she is matched or a Girls Incorporated staff member. I will also make sure that she has arrangements for transportation home after the event. I also give permission to Girls Incorporated to use my child's name/likeness/image/voice in still photos or videotape coverage for the purpose of promoting Take Our Daughters To Work Day or Girls Incorporated of Greater Santa Barbara.

Signature: (Parent/Guardian) _____ Date _____

DEADLINE TO REGISTER:

Space is limited and on a first-come first-serve basis. Register Early!

If you have any questions about the event,
please contact Jen Bowman 805.963.4757 ext. 17 or jenbowman@girlsincsb.org

**Take Our Daughters to Work Day
Medical Form**

NAME OF CHILD: _____ DATE OF BIRTH _____

HEALTH HISTORY INFORMATION:

IS CHILD SUBJECT TO:

Colds	YES	NO
Sore Throat	YES	NO
Fainting Spells	YES	NO
Bronchitis	YES	NO
Convulsions	YES	NO
Cramps	YES	NO
Allergies	YES	NO

DOES CHILD HAVE OR EVER HAS HAD?:

Heart Trouble	YES	NO
Asthma	YES	NO
Lung Trouble	YES	NO
Sinus Trouble	YES	NO
Hernia (Rupture)	YES	NO
Appendicitis	YES	NO
Has appendix been removed?	YES	NO

Is the child currently under any type of medical treatment? YES NO

Please Explain "YES" answers:

LIST ANY ALLERGIES, DIETARY RESTRICIONS, OR DRUG REACTIONS:

LIST ANY PHYSICAL DISABILITIES THAT MAY LIMIT CHILD'S ACTIVITIES AT GIRLS INC.: (eye sight, hearing, speech, paralysis, diabetes, ulcer, etc)

PLEASE LIST ALL MEDICATIONS THE CHILD IS PRESENTLY TAKING:

Name of Medication	Dosage	Times Taken	Prescribing Doctor
_____	_____	_____	_____
_____	_____	_____	_____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Does your child have medical insurance? YES NO Name of Provider _____

Does your child have dental insurance? YES NO Name of Provider _____

Person(s) to notify in an emergency, if parent cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL RELEASE (Please read carefully)

I, the undersigned, hereby give permission for my child to be given medical treatment by a physician, dentist or qualified attendant at an emergency room, in case of injury or any situation that would require medical attention during or by reason of the Girls Incorporated program or excursions. It is understood that a conscientious effort must be made to notify my spouse or myself before such action is taken but if it is impossible to locate me, the expense of this service will be accepted by me. In the event that such medical treatment is necessary, I agree to release Girls Incorporated of Greater Santa Barbara from any liability in connection with such medical treatment.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PHONE NUMBERS: WORK _____ HOME _____ CELL _____

Girls Incorporated of Greater Santa Barbara
Youth Bus Permission Form

Child's Name: _____ Grade: _____
Address: _____
City: _____ Zip Code: _____ School: _____

Please read carefully and sign below:

My child _____ has a current membership on file with Girls Incorporated of Greater Santa Barbara. He/She has my permission to ride the Girls Inc. Youth Bus for field trips, emergency situations and other Girls Incorporated activities that may take place offsite from the center.

I also acknowledge that I am fully aware that the Girls Inc. Youth Buses are not equipped as certified school buses and are not driven by school bus drivers. I release Girls Incorporated of Greater Santa Barbara from all liability arising from this issue.

Signature of Parent/Guardian Date

Home Phone Work Phone Cell Phone

Girls Incorporated of Greater Santa Barbara
Forma de Permiso del Autobus

Nombre de niño/nina: _____ Grado (presente): _____

Domicilio: _____
Ciudad: _____ Codigo Postal: _____ Escuela: _____

Lea por favor con cuidado y firme:

Mi hijo/hija _____ esta registrada en los archivos como una miembro de Girls Inc of Greater Santa Barbara ha este tiempo. Ello/Ella tiene mi permiso de viajar en el autobus a paseos y otras actividades de Girls Incorporated que tomen parte fuera del centro.

Reconozco que estoy completamente enterado que los autobuses de Girls Incorporated no estan equipados con certificacion como autobuses de escuela y no estan conducidos por choferes certificados para conducir autobuses de escuela. Libro a Girls Inc of Greater Santa Barbara de toda obligacion sobre este asunto.

Firma de Padre o Guardian Fecha

Telefono de Casa Telefono de Trabajo Celular

Media Release Form

I, _____ hereby authorize Girls Incorporated of Greater Santa Barbara to use my child's image/likeness/voice/artwork/writing/drawings in still photos, slides, video productions, voice recorded productions, radio coverage, television coverage and/or any other media for the purpose of promoting Girls Incorporated and its programs.

Parent/Guardian Signature: _____

Date: _____ Home Phone: _____

Child's Name: _____

Girls Incorporated of Greater Santa Barbara

Permiso de uso de fotografías y otros medios de comunicación

Yo, _____ autorizo a Girls Incorporated of Greater Santa Barbara, sus agentes y a otros trabajando por o por su parte a usar la imagen/el parecido de mi niña/nino en fotografías, su voz, diapositivas, producciones de vídeo, cobertura de radio, cobertura televisiva, entrevistas, cualquier trabajo de arte, dibujos, escritura y/o cualquier otro medio de comunicacion con el proposito de promover a Girls Incorporated y sus programas.

Nombre de Padre/Guardian (Escrito): _____ Fecha: _____

Firma de Padre/Guardian: _____ Numero de Telefono: _____

Nombre de niña/nino: _____