

REQUIREMENTS FOR JOB SHADOW WITH EMERALD PEOPLE'S UTILITY DISTRICT

- Please call Sandy Marr at 541-744-7421 to schedule a job shadow **at least** a week in advance of your preferred date. Earlier notice is preferred.
- Due to work scheduling, employee vacations, and other influences, the day you prefer may not be available. In this case, we may ask for alternative days.
- Before completing a job shadow, participant **MUST** agree to and sign the **WAIVER OF LIABILITY** form on page 2. If participant is under the age of 18, parent or guardian signature is also required.
- Crew workdays are typically 10 hours long, beginning at 7:00 a.m. and ending at 5:00 p.m. Monday through Friday. Other departments work an 8 hour day, starting at 8:00 a.m. and ending at 5:00 p.m. Depending on your area of interest, a half-day shadow may be possible.
- Please pack lunch/snacks, especially if shadowing a line crew. We cannot guarantee the crew will be near an eating establishment.
- Please dress appropriately for the job you are shadowing. If you are shadowing a line crew, please remember, this is outdoor work, so appropriate work wear is mandatory. This includes work boots with a heavy sole, jeans or other heavy long pant, a short sleeve and a long sleeve shirt, a jacket in the colder months, rain gear when appropriate, and a pair of work gloves if possible. **Failure to comply with these requirements will result in cancellation and reschedule of the ride along.**
- We will provide you with safety glasses and a hard hat to wear while working on the crew.
- Please arrive at EPUD by the time specified for your job shadow. For line crew job shadows, please arrive at EPUD by **6:45 a.m.** You can access the building through the yard gate on Seavey Loop Road. If your job shadow is in another department, come to EPUD's main entrance.
- Remember, your focus during this workday is to observe the work we do and ask questions. We may or may not ask you to assist in some of the smaller tasks that are normally performed.
- EPUD reserves to right to cancel a job shadow at any time due to inclement weather, serious outages, or other circumstances not conducive to training. We will make every attempt to warn you early if cancellation is necessary for any reason.

*Thank you for your interest in the power industry! We would love to hear how your visit went.
Please contact us after your ride along to let us know: 541-744-7421 or sandy@epud.org*

**EMERALD PEOPLE'S UTILITY DISTRICT
WAIVER OF LIABILITY**

I, _____ [please print name] have requested to shadow at Emerald People's Utility District in the performance of their work for my own personal reasons. "Shadowing" is defined as observing EPUD personnel as they perform their scheduled work. My participation is courtesy of EPUD because of my request, and is not connected in any way to the utility or the work being performed.

I understand utility work can be dangerous and there are risks associated to my proximity to the worksite. I understand the risks and herein, do agree to accept those risks. I further agree to hold EPUD, its employees, supervisors, managers, and Board completely harmless and blameless in the event I may be injured due to my participation in this/these activities. I agree to assume any and all personal risk of injury, property damage, and potential cost that may arise or be caused to occur through my participation.

I understand I have requested to observe this work as a private party and that I am not an employee of EPUD in anyway, and therefore, I am not entitled to any monetary consideration, benefits, medical coverage, retirement, and/or any other form of consideration afforded to EPUD employees, contractors, managers, supervisors, volunteers, temporary employees, or Board members.

I do certify that I have medical insurance coverage and that I will make EPUD aware of all contact information in case of an emergency.

I understand I cannot participate in any EPUD work related activity until I have signed this waiver of liability and that any attempt to circumvent the signing of this waiver is a fraudulent action and is not within the parameters of the parties understanding and/or agreement.

I have read and understood the above WAIVER OF LIABILITY and I accept all of the conditions stated therein.

Signature of Participant: _____ Date: _____

Address: _____

Contact Phone No.: _____

Signature of Parent or Legal Guardian: _____ Date: _____

(If participant is under 18 years of age)

Emergency Daytime Contact Phone

No.: _____

No person under 18 years of age is approved to participate in any EPUD activity without first obtaining the above written approval of parent or guardian, and thereby said parent or guardian's agreement to any and all the conditions set forth above.