

To be considered for a sponsored seat in the CTC Program students must attend at least one Class Shadow i.e., attend a Trades or Career's Certificate class of interest at VIU. This is a chance to spend a day at VIU to see what it's like to be a VIU student to ensure the Trades or Certificate program is right for you. Students can schedule several Class Shadows of different Trades or Certificates programs and try out a few. **Trades Sampler** students please choose the Program of most interest to start.

Steps to attend a Class Shadow at VIU

1. Print off this package which contains:
 - ✓ ***Waiver and Assumption of Risks – Class Shadowing at VIU Facilities***
 - ✓ Contact List for Program Chairs - Trades & Applied Technology
 - ✓ ***VIU Class Shadow Reflection Form***
2. Please email VIU Program Chair of your Program of Interest to request a date and time for you to attend the Class Shadow for a specific Trades Program at VIU. i.e., Carpentry, Welding, Education Assistant. The Program Chair will contact you via email to give you a time and date to attend. Please be sure to be excused from your high school classes that day.
3. Before your appointment, please read and complete the ***'Waiver and Assumption of Risks'*** (it requires a parent's signature if you are under the age of 18) and **be sure to bring it with you to the Class Shadowing appointment at VIU.**

The ***'Waiver & Assumption of Risks'*** must be filled out and given to the VIU Program Chair at the time of your Class Shadow appointment. **If the *'Waiver & Assumption of Risks'* is not completed, you will not be able to participate in a Class Shadow on that day and will have to reschedule.**
4. Once you have completed your VIU Class Shadow please also complete the attached ***'VIU Class Shadow Reflection Form'*** and have the VIU instructor sign confirming your attendance.
5. Please keep it in a safe place as CTC will be requesting it be brought to a ***'CTC Paperwork Evening'*** with other required paperwork.

PROGRAM CHAIRS 2023-2024

Please request a Class Shadow time via email

PROGRAM	CHAIR	PHONE	EMAIL
Auto Service Technician	Dean Cadieux	(250) 740-6148	dean.cadieux@viu.ca
Baking	Aron Weber	(250) 740-6114	aron.weber@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
Education Assistant	Leif Rasmussen	(250) 740-6264 x6264	Leif.rasmussen@viu.ca
Electrician	Shane Dalager	(250) 740-6563 Ext. 6563	Shane.dalager@viu.ca
Hairdressing	Joanne Slocum	(250) 740-6577	joanne.slocum@viu.ca
Heavy Mechanical Trades	Brad Jannaway	(250) 740-6123	brad.jannaway@viu.ca
Health Care Assistant	Kim Fraser	(250) 753-3245 x 4144	kim.fraser@viu.ca
Horticulture	Christine Quist	(250) 754-8756	christine.quist@viu.ca
Info Tech (ITAS)- Web & Mobile Development	Allan McDonald	250-753-3245 Ext. 2210	allan.mcdonald@viu.ca
Info Tech (ITAS) – Systems Administration	Graham White	250-753-3245 Ext. 2765	graham.white@viu.ca
Motorcycle/Marine Technician	Dean Cadieux	(250) 740-6148	dean.cadieux@viu.ca
Office Administration	Colin Cameron		colin.cameron@viu.ca
Professional Cook Level 1	Buddy Wolfe	(250) 753-3245	buddy.wolfe@viu.ca
Refrigeration and Airconditioning Mechanic	Deon Lane	(250) 740-6111	deon.lane@viu.ca
Roadbuilder & Heavy Construction Equipment Operator Foundation	Andrew Coles	250-740-3245	andrew.coles@viu.ca
Welding	David Drury	(250) 740-6139	david.drury@viu.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 – **CLASS SHADOW** (to be known as the Activity) occurring at
VIU (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 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.

Students Name: _____

VIU CLASS SHADOW REFLECTION FORM

If you are applying for a sponsored seat with the CTC Program, please keep this for your records as CTC will be requesting it to be submitted at an Application Completion Evening. Date and time will be sent to you in a separate email.

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 | |

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?

