



St. Johns County Student Shadow Program Application

The vision for the St. Johns County Student Shadow Program is to empower and engage St. Johns County youth in local government operations, involve them in day-to-day County government processes, and foster civic education in the community. If you are interested in applying for membership to the program, please complete the following application. ALL information must be completed to be considered for the Shadow Program. **Deadline to apply is March 1st.** Please submit to info@sjcfl.us

While the schedule can be flexible, all student shadowing will take place during the summer.

Minimum Requirements to apply:

- Must attend a high school in St. Johns County or in the greater St. Johns area
- Must be a rising, 11th, or 12th grader

Qualified candidates will be required to interview with County staff before being accepted. Applicants will be contacted by March 30th.

Name: _____

Age: _____

School: _____

Grade: _____

Home Address: _____

Zip: _____

Cell Phone: _____

E-Mail: _____



Parent/Guardian Name : _____

Parent/Guardian E-Mail: _____

Parent/Guardian Phone: _____

Please check all that apply:

___ I have transportation to get to SJC Facilities/events.

___ I initiated my interest in this program.

___ I was asked to apply for this position.

By whom? _____

Position: _____

Organization: _____

Are you willing to attend the meetings, events and activities of the Shadow Program for up to one week during the summer?

Yes ___ No ___

Are you interested in community service hours for this project? Yes ___ No ___



After reviewing our departments page on SJCFL.US, what are the top five departments that interested you the most?

1. _____
2. _____
3. _____
4. _____
5. _____

In about 150 words, what is a local initiative or organization you support and why.

In about 150 words, what personal skills and characteristics do you possess that would make you valuable to the program?

SJCSP is a collaborative effort. In about 150 words, describe a situation where you have worked closely with other people as part of a team.



In about 150 words, what is an issue in the community you are passionate about and how could the SJCSP help you solve it?

Please list an adult reference (non-relative) with their phone number and email.

Name: _____ Phone: _____

E-Mail: _____ Relation to you: _____

(Not required) Letters of recommendation can be sent to info@sjcfl.us

The letters must be no more than one page in length and typed.



I have read and understand the commitment required for the St. Johns Shadow Program. I also realize the importance of teamwork and cooperation and I am willing to make this commitment.

Student Signature: _____ Date: _____

Parent/Legal Guardian Permission:

I give my permission for _____ to seek the position of representative on the St. Johns County Student Shadow Program.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact: _____

Relationship to Youth: _____

Emergency Telephone Number: _____

Emergency Cell Number: _____

Deadline to Apply: March 1, 2025 _____