

## OFFICE OF THE CORONER

Coroner: Hayley Thompson, D-ABMDI Phone: 360-416-1996 Fax: 360-848-1173

Email: coroner@co.skagit.wa.us

Address: 1700 Continental Place, Mount Vernon, WA 98273

#### **Student Job Shadowing**

The Skagit County Coroner's Office encourages educational exploration in the forensic field. This program gives a student the opportunity to have an insider's view of the role of the Coroner through observing and interviewing the Coroner. Due to the nature of our work, this opportunity is restricted to students over the age of 17 and for those who are interested in future forensic, law enforcement, or medical careers. The student will be given an introduction and overview of the Coroner's Office followed by a one-hour presentation on death investigation and a tour of the facility. If requested, the student can observe an autopsy and/or respond to a scene with a deputy coroner. Days and times of the presentation/tour of the facility are limited to Monday-Thursday, 11-3pm.

Please complete the initial application below and submit to Hayley Thompson at <a href="mailto:hayleyt@co,skagit.wa.us">hayleyt@co,skagit.wa.us</a>

# Scoting With Pride

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### **Student Job Shadowing Application**

| 1.                                   | . What is your career choice?  |        |         |           |          |        |          |
|--------------------------------------|--|--------|---------|-----------|----------|--------|----------|
| 2.                                   | How will this visit benefit your career choice?  |        |         |           |          |        |          |
| 3.                                   | Are you affiliated to any school or organization? Y $\square$ N $\square$  |        |         |           |          |        |          |
| 4.                                   | 4. If yes, indicate the name of your school, grade/year, and your course of study  |        |         |           |          |        |          |
| 5. Please provide your availability: |  |        |         |           |          |        |          |
| Sunday                               |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|                                      |  |        |         |           |          |        |          |
| 6.                                   | . Once approved, the possibility for rescheduling might occur due to the nature of our work. Please provide this office with your contact information: |        |         |           |          |        |          |
|                                      | Name:  |        |         |           |          |        |          |
|                                      | Age:   |        |         |           |          |        |          |
|                                      | Phone/cell number:   |        |         |           |          |        |          |
|                                      | Email address:   |        |         |           |          |        |          |