



City of Madison INSPIRE Job Shadowing Student Application

October 29, 2025

Student Information:

Name: _____

Email: _____

Phone: _____

School: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Questions:

1. Are you a student with a disability? ☐ Yes ☐ No
2. What interested you in the INSPIRE program?
3. What types of jobs are you interested in shadowing?
4. Do you have any access needs or need accommodations?

Permission:

If you are **younger than 18 years old**, a parent or guardian must complete the following section:

By signing this form, I give permission for _____ (student) to participate in the 2025 INSPIRE Program with the City of Madison.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Email: _____

Phone: _____

Please return this form to RHoyt@cityofmadison.com or LReinardy@cityofmadison.com