

**CITY OF MADISON
INSPIRE JOB SHADOWING
OCTOBER 22 – 24, 2024
STUDENT APPLICATION**

Student Name: _____ School: _____

Student Email: _____ Student Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Are you a student with a disability? ___ Yes ___ No

What interested you in the INSPIRE program?

What types of jobs are you interested in shadowing?

Do you have any access needs or need accommodations?

If you are younger than 18 years old:

By signing this form I give permission for _____ (student) to participate in the 2024 INSPIRE Program with the City of Madison.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Email: _____

Phone: _____