Children's Museum of South Dakota
Kidoodle Council Application - 2026

Mission: The Children's Museum of South Dakota sparks imagination and learning for all children and their grown-ups through play, creativity, and discovery.

Vision: The Children's Museum of South Dakota seeks to transform the world by inspiring generations to love learning and to believe that life is full of possibilities.

Council Mission: The Kidoodle Council strives to improve the experience for all children and their grown-ups at the Children's Museum of South Dakota while promoting the Museum to others throughout the community.

Responsibilities

- Serve as Museum ambassadors by promoting the Museum throughout the community
- Assist with evaluation of current programs and exhibits
- Generate new ideas for programs and exhibits
- Assist with planning and management of special events
- Engage in giving back to the community

Qualifications

- 8-13 years old
- Commit to attend at least 8 of 11 regularly scheduled meetings throughout the year
- Commit to participate in 3 volunteer opportunities throughout the year
- Commit to a one year term (January-December) with a term limit of 2 years for all council members

Application Process

- Applications for the 2026 Kidoodle Council are due by November 1, 2025.
- Applications will be reviewed and applicants will be notified by December 3, 2025.
- Please send completed application to:

Kati Hanson, Director of Education & Guest Experience
Children's Museum of South Dakota
521 4th Street
Brookings, SD 57006
(605) 692-6700, ext. 236
khanson@prairieplay.org

If accommodations for the application process or involvement in this program (including transportation accommodations) are requested, please contact Kati at 605-692-6700, ext. 236, or khanson@prairieplay.org

Meeting Times for 2026

*Meetings are scheduled from 4-5:30 pm

Members of the Kidoodle Council are expected to attend at least **8 of the 11** regularly scheduled meetings, on Tuesdays, from 4-5:30 pm at the Children's Museum. All meetings will be facilitated by at least one Museum staff member.

Tuesday, January 13 (Orientation – required)

Tuesday, February 10

Tuesday, March 10

Tuesday, April 14

Tuesday, May 12

Tuesday, June 9

Tuesday, August 11

Tuesday, September 8

Tuesday, October 13

Tuesday, November 10

Tuesday, December 8 (Celebration)

Volunteer Opportunities

*Specific details will be communicated and signed up through a Signup Genius link sent via email.

In addition to the regularly scheduled meetings, members of Kidoodle Council are expected to participate in at least 3 volunteer opportunities throughout the year. Volunteer opportunities include helping out at special events (under the supervision of a staff member or a parent) or working on a Museum project (a Book Review, an Exhibit Review, or other project) at home.

Special Monday openings

Tuesday evenings (open late)

Area parades

Other events

Book reviews

Exhibit reviews

Other at-home projects

Who Are You?

Name_____

Birthdate_____ Age_____ Gender_____

School_____ Grade_____

I am: (check your top 5 that apply)

◯ creative	◯ clever	◯ brave	◯ dependable
◯ artistic	◯ thoughtful	◯ outgoing	◯ helpful
◯ smiley	◯ organized	◯ curious	◯ crafty
◯ athletic	◯ energetic	◯ talkative	◯ calm
◯ careful	◯ adventurous	◯ silly	◯ not-so-organized

Others_____

1. Describe yourself by any means (video, essay, artwork) and tell us all of the things that make you a unique and wonderful candidate for Kidoodle Council. Video submissions are strongly encouraged.

(Use the back of this page, attach works to this application or email them to khanson@prairieplay.org)

2. Why are you applying?

3. Why do you want to be a member of the Kidoodle Council?

4. If you were on the Kidoodle Council, what ideas would you propose to improve the Museum?

5. What are some things you would be curious to learn about related to the Museum?

6. How do you spend your time?

7. What school/community activities are you involved with?

8. Describe your interests and hobbies.

9. Tell us about your experiences working as a team.

The Data...

Your Name_____

Parent/Guardian Name_____

Address_____

City, State, Zip_____

Phone Number_____

Email_____

Emergency Contact (different from above)_____

Phone Number_____

Known Allergies_____

T-Shirt Size: ◯ YS ◯ YM ◯ YL ◯ AS ◯ AM ◯ AL ◯ AXL

How did you hear about this program?

- ◯ School
- ◯ Museum Email Newsletter
- ◯ Social Media
- ◯ Museum Website
- ◯ Volunteer Helpline
- ◯ Flyer
- ◯ Word of Mouth
- ◯ Other:_____

Kidoodle Council Agreement Form

If selected for the Kidoodle Council, I will:

- Attend at least 8 of 11 regularly scheduled meetings
- Participate in at least 3 other volunteer opportunities
- Share with others about the Children's Museum of South Dakota

...and I understand:

- I won't get paid for this
- Photos and videos might be taken that include me and they may be used in print or online
- I can stop at any time if the council is not for me

...and I will do my best to:

- Share my ideas in a respectful way
- Listen thoughtfully to others' ideas
- Be respectful to all members of the council, including the adult leaders

Child's Printed Name_____

Child's Signature_____ Date_____

I understand the commitment that my child and I are making, and I will help my child follow this agreement. I (we) have received a copy of the Council Agreement form being submitted on behalf of _____ as a candidate for Kidoodle Council. I (we) have reviewed this application and agreement form including identified responsibilities and expectations and give consent for participation. It is expressly understood and agreed that the Children's Museum of South Dakota and its staff, volunteers, board members, representatives and agents shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the Kidoodle Council Member in connection with their participation in the Kidoodle Council program.

By signing this agreement, I (we) hereby waive any claims associated with this program.

Parent/Guardian Printed Name_____

Parent/Guardian Signature_____

Date_____

To be completed by a Museum representative if applicant is selected for the Kidoodle Council

This agreement is accepted by:

_____ Name

_____ Signature

_____ Title

_____ Date