



# CALIFORNIA YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES

## 2019 YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES DELEGATE APPLICATION

**(The Event is subject to funding availability.)**

Only Typed Applications Will Be Accepted!

If under 18, my parent/guardian is aware I am submitting this application.

### Student Information

First Name

Middle Name

Last Name

What is your Birth Date? (DD/MM/YYYY):

With What Gender do you identify?

Male

Female

Other:

Home Address (no PO Boxes)

City, State, Zip

County of Residence

Applicant's Phone Number:

Applicant's Email Address:

Parent/Guardian Name:

Parent/Guardian's Phone Number:

Parent/Guardian's Email Address:

### Race / Ethnicity

Please specify your race and ethnicity from the checklist. Check all that apply:

Asian

Asian Indian

Cambodian

Chinese

Filipino

Japanese

Korean

Laotian/Hmong

Vietnamese

Other Asian Group

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

Hispanic and / or Latino

Cuban

Mexican/Mexican American

Puerto Rican

Other Hispanic/Latino Groups

Native Hawaiian or Other Pacific Islander Group

Guamanian/Chamorro

Hawaiian

Samoan

Other Pacific Islander

Other Groups

American Indian/Native American

Other Racial Group:

White

Black/African American

\_\_\_\_\_  
Choose not to identify

## Disability Information

Please check all that apply to your disability:

Sensory

Blind

Deaf

Low Vision

Hard of Hearing

Other:

Chemical or Environmental Sensitivity

Communication (verbal, speech, other)

Immune (e.g. Crohn's disease, rheumatoid arthritis, other)

Intellectual/Developmental (e.g. acquired brain injury, down syndrome, Epilepsy, cerebral palsy, autism, Asperger's syndrome, other)

Learning (e.g. dyslexia, dyscalculia, attention deficit disorder, other)

Mental Health or Behavioral Health

Mobility (e.g. spinal cord injury, muscular dystrophy, other)

Other:

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

## Accommodation Needs

Please check any of the following reasonable accommodations which will allow you to fully participate in the YLF program. This information will be used in the planning of the program, but will not be taken into consideration when choosing delegates. I use a/an:

American Sign Language Interpreter

Personal Care Attendant

Real Time Captioning (CART)

Power Wheelchair

Audio Description

Manual Wheelchair

Materials in Alternate Formats

Other Mobility Aid

Other (Please Describe):

## School Information

Name of School:

Current grade level:

Sophomore

Junior

Senior

Current reading level:

## Post-Secondary Education Transition

What are your plans after high school? (Check all that apply)

Apprenticeship Program

2-Year College Degree

Certification Program

4-Year College Degree

Other:

What career fields are you interested in? (Check all that apply)

Agriculture

Computer &

Legal & Criminal

Business

Technology

Justice

Education

Government

Social Services

Design & Arts

Health Sciences

Transportation

STEM (Science, Technology, Engineering, Math)

Skilled Trades (Construction, Automotive, Electrical, etc.)

Other:

---

Student's Last Name

---

First Name

## **Employment and Community Involvement**

Please tell us about your paid and volunteer job experience:

## **Letter(s) of Recommendation**

Please attach one or two letters of recommendation to assist us with evaluating your leadership skills. These letters can come from a high school teacher, counselor, administrator, or from a community representative outside of your school. Letters from a relative or family member will not be considered.

## **Essay: Please Tell Us About Yourself**

Please answer the three questions below on a separate piece of paper. These questions should be typed using font size 14 and double-spaced pages, and should not exceed three pages.

Question #1: Autobiography

Describe your experience as a youth with a disability and how it has impacted the person you are today.

Question #2: Leadership

In what ways has your experience in your community shaped you to become a leader? This can include experiences at your school, community or religious organization, local government, employment, in your family, or any other groups to which you belong.

Question #3: Your vision for the future

How will you use your experiences to shape your future?

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

## Programs and Services You Currently Receive

### Vocational Rehabilitation Services:

Are you currently receiving services from the **Department of Rehabilitation (DOR)?**      Yes      No

If Yes, please provide the following information for your counselor:

Name:

Contact:

### Developmental Disability Services

Are you currently receiving services from a **Regional Center (RC)?**  
Yes      No

If Yes, please provide the following information for your counselor:

Name:

Contact:

If you are a DOR or RC client, please inform your counselor(s) that you are applying for the YLF.

## Local Interviews

As part of the YLF application process, those who submitted the most highly qualified applications will be required to complete an interview with one of the YLF partner organizations. This interview may take place in person or over the phone. After we have received your completed application materials, a member of this partner organization will contact you to schedule this interview.

## Final Preparation

Please use the checklist below to ensure your application packet is complete.  
**Incomplete applications will not be considered.**

Completed

Required Items

Completed and Signed Application

Essay

One or Two Letters of Recommendation

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

How did you hear about the YLF?:

Social Media (Facebook, Instagram, etc.)

School

Other:

DOR Counselor

May we share your contact information with the [Youth Organizing \(YO!\) Disabled and Proud?](http://yodisabledproud.org/) <http://yodisabledproud.org/>

Yes

No

## Signatures and Acknowledgements

If you complete the application process and are selected as a Delegate for the Youth Leadership Forum, you will be expected to take your new leadership skills and knowledge back to your community with the help of resources you accessed and discovered at YLF. Please do not apply if you do not plan to continue your leadership work in your community.

By submitting this application packet, my parent/guardian and I consent to any information being released confidentially to interviewers and YLF partners. This information is used to determine eligibility to be selected as a delegate to attend the YLF. All partners will confidentially maintain any information.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Today's Date

Did anyone assist you in completing this application?

Yes

No

If yes, please specify who:

Which parts did you need assistance with?

Thank you for completing this application. Please e-mail it to [YLF@dor.ca.gov](mailto:YLF@dor.ca.gov).

If you need additional assistance in submitting your application, please contact us:

- (855) 894-3436 (voice)
- [ylf@dor.ca.gov](mailto:ylf@dor.ca.gov) (email)
- For relay services please call 711

Please keep a copy of the application packet for your records.