

2018 Youth Leadership Forum

July 18-22, 2018

Tallahassee, FL



Florida Association of
Centers for Independent Living



Proudly hosted by
The Florida Association of Centers for Independent Living

in financial partnership with
Department of Education Division of Vocational Rehabilitation

APPLICATION PACKET

Calling all Leaders! If you are an energetic, motivated and driven person with a disability between the ages of 16-19 this program may be for you! We are providing exciting opportunities today, so that you may help change the world tomorrow. Please join us on this journey.

WHAT IS YOUTH LEADERSHIP FORUM?

The Youth Leadership Forum for Students with Disabilities (YLF) is a unique leadership-training program for high school students with disabilities. By serving as delegates from their communities at a four-day event in the state capital, young people with disabilities cultivate leadership, citizenship, and social skills.

WHAT KIND OF ACTIVITIES WILL I PARTICIPATE IN?

- YLF Delegates will learn how laws are made and how to successfully advocate for new laws. They will visit the Capitol, meet legislators, and participate in a mock legislative session.

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- YLF delegates will learn what it means to be a leader and will learn new ways to increase their leadership abilities. Each delegate will develop a “Personal Leadership Plan” which provides an individual action plan to begin using their new skills to advocate for themselves and others when they return to their communities.
- YLF delegates will improve their self advocacy skills and develop disability pride by learning about the history of the Independent Living Movement, how to promote disability awareness, and how to access community resources and assistive technologies that lead to independence.
- YLF delegates will learn pre-employment transition skills, and explore careers in various fields, while on field trips around Tallahassee.
- YLF delegates will have fun! Delegates will participate in social interactions enabling students with different abilities to network and develop new relationships. We are looking forward to this year’s talent show, dance and “Dining Like Dignitaries” formal dinner!

WHO MAY APPLY?

Florida students aged 16-19 and enrolled in a high school education program (public, private, virtual, GED, homeschool) are invited to apply. Each student must have a diagnosed disability at the time of application. We are a cross-disability organization and welcome applications from individuals with any type of disability.

It is expected that participants will reflect a diverse mix of disabilities, gender, ethnicity and geographic location within Florida. Applicants should demonstrate leadership potential through participation in school, extracurricular activities and/or community involvement. Applicants must have the ability to interact effectively with other students, adapt to new surroundings, follow an intense schedule of forum activities, and demonstrate a willingness to actively participate in small and large group discussions.

Selected students must show proof of health insurance (private insurance, year-round school insurance, Cover Florida, KidsCare or Medicaid is acceptable).

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APPLICATION

Instructions:

- Please complete the application in full. Incomplete applications will not be considered.
- Answers may be dictated to a parent, guardian or other scribe; however, the content must be that of the student.
- Applications can be submitted in any of the following ways:
 - Fax to: 850-575-6093
 - E-mail to: YLF@FloridaCILs.org
 - Mail to: FACIL
325 John Knox Rd, Building C, Suite 132,
Tallahassee, FL 32303
- Applications must be received by April 15, 2018. Applications after that date may be considered on a space available basis.

STUDENT INFORMATION

Last _____ First _____ Middle _____

Nickname _____ Home telephone number (____) _____

Sex M__ F__ Race _____ Birthdate ___/___/___

E-mail address _____

Cell phone number (____) _____

Home address _____

City _____ State _____ ZIP code _____ County _____

Parent/legal guardian name (circle choice) _____

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SCHOOL INFORMATION

Name of school _____

School address _____

City _____ State _____ ZIP code _____ County _____

School telephone number (____) _____

School grade _____ Expected date of graduation _____

SCHOOL EXPERIENCE

Other schools attended _____

List any special awards, honors, or recognitions for academic, school, or community-related activities you have received from the 7th grade through the present _____

Please list the school classes you are currently enrolled in _____

ORGANIZATIONS and ACTIVITIES

Please list school, volunteer, religious, social, athletic, or other activities or organizations in which you have participated during the last four years:

ORGANIZATION/ACTIVITY	GRADE IN SCHOOL	LEADERSHIP, RESPONSIBILITY OR INVOLVEMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

CAREER INFORMATION

List any job experience (paid or volunteer) and briefly describe your duties _____

Do you currently have a part-time job? Yes () No ()

How many hours per week? _____

Can you make job arrangements to attend the Youth Leadership Forum?

Yes () No ()

What are your plans upon exiting high school?

Is there a career field that you would like to learn more about?

SHORT ANSWER QUESTIONS:

Answers may be submitted on audio tape or disk, if necessary.

1.) Who are you? - Tell us a little about yourself and share with us an important experience you have had as a young person with a disability.

2. What three things concern you most about your future?

3. Who do you look up to? - Tell us about a person who has positively influenced your life and why.

4. What else would you like to tell us about yourself?

ADDITIONAL INFORMATION

In your own words, please describe your disability. This information will assist in assuring that we include delegates with a diversity of disabilities.

Onset of your disability (date) ____ / ____ / ____ **Age at onset** _____

Personal Care Attendant (PCA): FACIL will provide PCAs to all students who require them (parents may not serve as PCAs).

Do you need a personal care attendant? YES NO

Please check if any of the following conditions apply and check if accommodations are needed for you to fully participate in YLF. All settings of YLF will be accessible.

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> AUTISM | <input type="checkbox"/> LEARNING DISABILITY |
| <input type="checkbox"/> BLINDNESS/VISUAL DISABILITY | <input type="checkbox"/> MENTAL HEALTH DISABILITY |
| <input type="checkbox"/> I read Braille | <input type="checkbox"/> MULTIPLE DISABILITIES |
| <input type="checkbox"/> I read with large print | <input type="checkbox"/> NEURO/MUSCULAR DISABILITY |
| <input type="checkbox"/> I need assistance w/mobility | <input type="checkbox"/> ORTHOPEDIC DISABILITY |
| <input type="checkbox"/> DEAFNESS/HARD OF HEARING | <input type="checkbox"/> I cannot walk long distances |
| <input type="checkbox"/> I use American Sign Language | <input type="checkbox"/> I cannot walk up stairs |
| <input type="checkbox"/> I use real-time captioning | <input type="checkbox"/> I use a wheelchair |
| <input type="checkbox"/> I use lip-reading | <input type="checkbox"/> TRAUMATIC BRAIN INJURY |
| <input type="checkbox"/> Other | <input type="checkbox"/> OTHER DISABILITY |
| <input type="checkbox"/> DEVELOPMENTAL DISABILITY | <input type="checkbox"/> Describe _____ |
| <input type="checkbox"/> Describe _____ | |

ADDITIONAL ACCOMMODATIONS (if necessary):

REFERENCE

Include contact information of a personal reference (counselor; teacher; faith leader, employer, etc) who can describe your **demonstrated** leadership skills and/or your leadership potential. (This reference should be a non-relative of the applicant.)

Reference name: _____ Phone number: _____

Email: _____

Relationship to student: _____

By signing below I agree that:

If selected, I understand that I will be referred to STAR, a free program offered by the Florida Department of Vocational Rehabilitation. STAR is a pre-employment program that offers services to help you get ready for a future career.

If selected, I may be referred to other agencies that can provide financial support for my participation in this event.

I understand that if selected, I will be expected to remain for the duration of the Forum. Participating in just a portion of the program is not permitted.

If I need reasonable accommodations to complete forms or to participate in the program they will be provided, but it is my responsibility to request those accommodations and to communicate my needs fully in my application.

I have read the information regarding the Florida Youth Leadership Forum and its requirements and confirm that the information I have provided on this application to FACIL is true. Note: This form must be completed in full for an applicant to be considered for the Forum.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____