Volunteer Counselor Application

Alternate formats available upon request

Deadline: March 15th, 2014

Staff Dates: Sunday July, 13th through Friday July 18th

2014

North Carolina Youth Leadership Forum

**North Carolina Youth Leadership Forum**

**Held at: North Carolina State University**

**July 14-18, 2014**

**Supported by:** The North Carolina Statewide Independent Living Council, North Carolina Centers for Independent Living, Communication Services for Deaf and Hard of Hearing, and North Carolina Council on Developmental Disabilities

**Hosted by:** Alliance of Disability Advocates-Center for Independent Living

**Run by:** Youth with disabilities

The 2014 North Carolina Youth Leadership Forum Committee would like to thank you for your interest in the 2014 event. The Youth Leadership Forum will focus on advocacy, individual goals, leadership, and independent living skills, while making a change for your community. Please complete the following forms and return this to the address below. If you have any questions please feel free to contact us at ylfnc@live.com or 919-833-1117.

**Mail or email the application to:**

North Carolina Youth Leadership Forum

P.O. Box 12988

Raleigh NC 27605

ylfnc@live.com

**DEADLINE** for postmark on mailed application: **March 15th, 2014**

Applicants must complete ALL parts of this application.

Part A

General Information

|  |  |  |
| --- | --- | --- |
| Name :       | Date of Birth:       | Age:      Race/Ethnicity (optional):      |
| Parent/Guardian Name (if under age 18):       | Gender:      |
| Address:      | Preferred Contact Method:      |
| Mailing Address (if different from above):      |
| City:      | Zip Code:      | County:      |
| Email Address:      |
| Phone Number:      | Fax Number:      |
| Name of Current School/Workplace:      |
| Other Educational Experiences:High School:       Dates:        Post High School:       Dates:       Course of Study:        |

**Applicant YLF Status Check All that apply**:

[ ] New Staff Applicant

[ ] YLF Alumni,

if checked year attended YLF

[ ] Former YLF staff member, if checked year(s) on staff

Part B

### Disability Information

 What is the name of your disability?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long have you been a person with a disability? (Date):       \_\_\_\_\_\_\_

Do you use any assistance in your daily activities (such as reading, writing, eating,

walking, speaking, or personal care)?

Please check **all** that apply (continued on next page):

[ ] **AUDITORY** **HARD OF HEARING**

[ ]  Hard of Hearing

[ ]  Deaf

[ ]  **COGNITIVE**

[ ]  Asperger’s Syndrome

[ ]  Autism

[ ]  Down Syndrome

[ ]  Intellectual Disability

[ ]  Learning Disability (reading, writing, math, etc)

[ ]  Traumatic Brain Injury

[ ]  **MENTAL HEALTH**

[ ]  Anxiety

[ ]  Attention Deficit Disorder

[ ]  Attention Deficit Hyperactivity Disorder

[ ]  Bipolar

[ ]  Depression

[ ]  Obsessive Compulsive Disorder

[ ]  Post-traumatic Stress Disorder

[ ]  Schizophrenia

[ ] **VISUAL**

[ ]  Blind

[ ]  Low Vision

[ ]  **OTHER**:

[ ] **PHYSICAL**

[ ]  Amputation

[ ]  Cerebral Palsy

[ ]  Little Person/Dwarfism Type:     \_\_\_\_\_

[ ]  Muscular Dystrophy

[ ]  Osteogenisis Imperfecta

[ ]  Spina Bifida

[ ]  Spinal Cord Injury

[ ]  Spinal Muscular Atrophy

[ ]  **SYSTEMIC**

[ ]  Amyotrophic lateral sclerosis (ALS)

[ ]  Cancer

[ ]  Crohn’s Disease

[ ]  Cystic Fibrosis

[ ]  Diabetes

[ ]  Epilepsy

[ ]  Fibromyalgia

[ ]  Grave’s Disease

[ ]  Heart Disease

[ ]  HIV/AIDS

[ ]  Multiple Sclerosis

[ ]  Parkinson’s

[ ]  Psoriasis

[ ]  Rheumatoid Arthritis

Part D

Questions

Please respond to the 5 questions. Responses can be submitted via the following the formats: typed, handwritten, electronic format, or videotaped and should be submitted via email to ylfnc@live.com or mailed to:

North Carolina Youth Leadership Forum

P.O. Box 12988

Raleigh, NC 27605

Please complete on separate page in no more than 5 sentences per question, and attach to the application. Please contact if any assistance is needed via email/phone at ylfnc@live.com, 919-833-1117

1. Briefly explain your knowledge of the North Carolina Youth Leadership Forum and what is the purpose of the event?
2. Please describe leadership experience that you have had in the past. What leadership qualities can you contribute to the NCYLF?
3. Why do you want to be a part of the 2014 NCYLF and what are you hoping to gain from the experience?
4. Please tell us about one instance where you advocated for yourself or others.
5. Please list any hobbies, talents or interests that you have.

Please make sure that you have responded to all the parts of the questions and essay requests. Any incomplete applications will not be considered for participation.

**REFERENCES** (Two Required)

\*\*\*References are only required for first-time applicants at NCYLF

1. Name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

North Carolina Youth Leadership Forum

Commitment

**If selected, I will be available for all staff trainings and other designated/assigned responsibilities. As a staff member for the North Carolina Youth Leadership Forum I will be present for the 2014 spring training as dates are determined and the staff training day on Sunday July 13th, 2014 through 5:30pm, Friday, July 18th, 2014. I agree to follow all North Carolina State University residential guidelines and regulations pertaining to my participation in the North Carolina Youth Leadership Forum.**

**I hereby agree that the above information may be used to do a criminal background check for the safety of myself and other participants.**

*(Electronic signatures are accepted)*

Applicant Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_