2020 Youth Leadership Forum
July 22 - 26, 2020
Tallahassee, FL

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!

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. For four days, students will represent their communities as delegates in Florida’s state capital, learning to 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 state Capitol, meet legislators, and participate in a mock legislative session.

- YLF delegates will learn what it means to be a leader and discover new ways to increase their leadership abilities. Each delegate will develop a “Personal Leadership Plan”, which provides an individual action plan so students can begin using new skills to advocate for themselves and others.

- YLF delegates will improve their self-advocacy skills, and develop disability pride by learning about the history of the Disability Movement, how to increase 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 disciplines while on field trips in the Tallahassee area.

- YLF delegates will have fun! Delegates will participate in group activities that allow students with different abilities to network and develop new relationships at events such as the annual talent show and dance!
WHO MAY APPLY?

Florida students aged 16-19 that are currently 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 we welcome applications from individuals with any type of disability.

Applicants should be able to demonstrate their 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 daily activities, and demonstrate a willingness to participate in small and large group discussions.

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

The following entities are committed to young leaders with disabilities and are proud to sponsor the 2020 Youth Leadership Forum:
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 the work 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 March 20, 2020.
  *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)____________________________________
**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:

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<th>LEADERSHIP, RESPONSIBILITY OR INVOLVEMENT</th>
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EMPLOYMENT INFORMATION

List any volunteer or paid work experience you have had and briefly describe your duties.

Do you currently have a job? Yes (__) No (___)

How many hours per week do you work? _______________________________

Can you make arrangements with your employer to attend the Youth Leadership Forum? Yes (___) No (___)

What are your plans upon completing high school? _______________________________

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

SHORT ANSWER QUESTIONS: (Answers may be submitted via audio file or thumb drive, 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: Do you need a personal care attendant? (_) YES  (_) NO (FACIL will provide PCAs to all students who require them - parents may not serve as PCAs).

All settings at YLF will be accessible, but please check any accommodations below that are necessary for you to fully participate in YLF. Check all that apply:

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

ADDITIONAL ACCOMMODATIONS (if necessary): ____________________________________________________
REFERENCE
Please provide contact information for a personal reference (counselor; teacher; faith leader, employer, etc.) who can describe your demonstrated leadership skills and/or your leadership potential. (This reference should NOT be a relative of the applicant.)

Reference name: ________________________________________________________________

Phone number: ____________________________ Email: ________________________________

Relationship to student: __________________________________________________________

By signing below I agree that if I am selected for the 2020 YLF:

• 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.

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

• 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): ____________________________________________