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

STAFF APPLICATION PACKET

In partnership with:
Please read all instructions and fill out the entire application, marking sections that do not apply appropriately.

Incomplete applications will not be considered.

The application deadline is Monday, February 17, 2020.

Volunteer staff positions are limited.

Applications received after the February 17th deadline will be placed on a waiting list.

Please return completed application by mail, e-mail or fax to:

Physical mailing address:
FL Association of Centers for Independent Living
ATTN: YLF
325 John Knox Rd
Suite C-132
Tallahassee, FL 32303

Email: YLF@FloridaCILs.org

Fax: 850-575-6093
2019 Youth Leadership Forum  
July 22-26, 2020  
Tallahassee, FL  

STAFF APPLICATION

Applicant Information

Name: ____________________________________________________________

Mailing Address: __________________________________________________

Telephone (cell): __________________________ Telephone (work) _____________

E-mail: __________________________________________________________________

T-shirt size (for staff shirts): _____________________________________________

Applicant YLF Status (Check all that apply)

____ New Staff Applicant

____ Former YLF staff member. Please indicate year(s) on staff: ____________________________

________________________________

Reasonable Accommodation Request

If you have a disability or medical condition, please list your disability or medical condition below and describe any accessibility accommodation you will require during the week.

Failure to indicate equipment required for accommodations in advance (i.e., wheelchair, shower chair, etc) may delay or limit the availability of those accommodations. (A response is required even if it is non-applicable (N/A).)

____________________________________________________________________

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____________________________________________________________________
Medical/Insurance Information

Health Insurance Plan: ____________________________________________________________

Policy Holder: ________________________________________________________________

Primary Care Physician: ________________________________________________________

Persons to notify in case of an emergency (please provide two names):

Name: _______________________________________________________________________

Relationship to you: _______________________________________________________________________

Address: _________________________________________________________________________

Cell: ____________ City ____________ Email: ____________________________

Name: _______________________________________________________________________

Relationship to you: _______________________________________________________________________

Address: _________________________________________________________________________

Cell: ____________ City ____________ Email: ____________________________

Are you currently under a doctor’s care? YES NO
If yes, please explain: ____________________________________________________________

Are you currently taking any medications? YES NO
If yes, please list medication(s) and explain: __________________________________________

Are you allergic to any medication(s)? YES NO
If yes, please list medications to which you are allergic: ______________________________

Do you have any special dietary needs? YES NO
If yes, please specify: ____________________________________________________________

Please share any additional medical information that you feel would be beneficial in case of an emergency: ______________________________
Required Background Check Information

Social Security Number: 

Date of Birth: 

The above information will only be used to do a criminal background check as required by Florida state laws pertaining to volunteers who work with minors. By signing below you give the Florida Association of Centers for Independent Living permission to conduct the background checks as necessary for your participation in the 2020 YLF.

Signature: 

Education

High School: Dates: Course of Study: 

Institution: Dates: Course of Study: 

Institution: Dates: Course of Study: 

Work History

Employer: Dates: Position: 

Employer: Dates: Position: 

Employer: Dates: Position: 

Prior Experience with Individuals with Disabilities (include any previous YLF experience)
What Courses or Training pertaining to People with Disabilities have you taken?


Special Interests, Talents and Abilities


References (please list three, include telephone number)


Transportation

Are you able to secure transportation to and from Tallahassee?  

YES  NO

Personal Leadership Statement

As part of your application package, you must submit a paragraph describing your motivation to be a staff member for the Youth Leadership Forum. If you are an alumni, you must write a paragraph on how you have positively applied the leadership skills you acquired at past YLF events at school, work or in your community. Applications submitted without a Personal Leadership Statement will not be considered.

Statement of Commitment

If selected, I will make myself available as a staff member for the Youth Leadership Forum beginning Wednesday afternoon, July 22, 2020 through 4:00 p.m., Sunday, July 26, 2020. I understand that once delegates arrive on July 22, 2020, I must remain with the group at all times (i.e., I cannot leave the dorm at night, or campus during the day) until checkout on July 26, 2020. I also agree to follow all Resident Hall rules and regulations pertaining to my participation in YLF.

Signature ______________________________  Date: ______________________________