



# MYLF

## Montana Youth Leadership Forum

### MYLF Step II

June 24<sup>th</sup> – 28<sup>th</sup>, 2019

### Work Experience Application

*Return completed form to the Montana Youth Leadership Forum:*

MYLF Step II  
1617 Euclid Suite # 1  
Helena, MT 59601

Signed electronic applications will also be accepted to [JKHermanson@ncils.org](mailto:JKHermanson@ncils.org)

Job Shadowing enables students to spend time visiting a workplace that matches their interests. This is an opportunity to underscore the connection between school and work, evaluate personal goals, target career skills for improvement, and explore career options.

#### GENERAL INFORMATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

#### REASONABLE ACCOMMODATION REQUESTS

To be able to attend and participate in Job Shadowing, I will need the following accommodations:

\_\_\_\_\_  
\_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

## **GOALS, INTERESTS, AND HOBBIES**

1. What are your long-term career goals? What kind of work do you hope to be doing in the future?
2. What are you most interested in? What are your hobbies?
3. What kind of work experiences have you had?
4. Describe job-related skills that you have or hope to gain in the future?
5. Occupation or industries that interests you:

# Request Form for Pre-Employment Transition Services

## Montana Vocational Rehabilitation and Blind Services

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Phone number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ School ID Number: \_\_\_\_\_

Student's Race:  American Indian  Asian  Black  Native Hawaiian  White

Student's Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Student's Disability Status:  504 Accommodation  IEP  Has a Disability (No 504 or IEP)

Primary Disability: \_\_\_\_\_

School Name: \_\_\_\_\_ School Contact \_\_\_\_\_:

Student's Grade Level: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Pre-Employment Transition Services Requested: (See Definitions and Check all that apply)

- Job Exploration Counseling
- Work Based Learning
- Counseling on comprehensive transition or postsecondary educational programs
- Workplace readiness training
- Instruction in self-advocacy

By signing this form, I am requesting Pre-Employment Transition Services. I understand that if I wish to apply for vocational rehabilitation services, I may do so at any time. For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for Vocational Rehabilitation and Blind Services (VRBS) to exchange information with my school and service providers. I understand that VRBS requests my Social Security Number for federal reporting purposes. All information will be kept in the strictest confidence and used solely for program purposes. Information that I have provided is to the best of my knowledge true, correct and complete.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student's Parent or Legal Guardian  
(if student is under 18)

\_\_\_\_\_  
Date

# Request Form for Pre-Employment Transition Services Montana Vocational Rehabilitation and Blind Services

## Student with a Disability Verification

### Definition:

A student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who is not younger than 14 and not older than 21. The student is eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act (20 U.S.C. 1411 et seq.); or is an individual with a disability, for purposes of section 504; or is an individual with a disability who is not receiving a 504 accommodation or services under an Individualized Education Program(IEP).

### **If this request form is being completed by school personnel, please verify the following:**

By signing this form, I verify that this individual meets the definition of a student with a disability and there is available documentation supporting that the student is:

- A student with a disability for the purposes of section 504; or
- A student with a disability and is receiving transition services under an Individualized Education Program (IEP); or
- A student with a documented disability who is not receiving a 504 accommodation or services under an Individualized Education Program (IEP).

School Personnel Name: \_\_\_\_\_  
(Printed)

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

### **If this request form is being completed by non-school personnel, one of the following supporting documents must be included with the submitted request form:**

Copy of Individualized Education Program (IEP) or 504 Accommodation  
School records/statement from school personnel  
Proof of receipt of SSI/SSDI benefits based on individual's own disability  
Medical or psychological documentation signed by a licensed professional

#### VRBS Office Use Only:

- Required verification has been reviewed and individual is confirmed to be a student with a disability
- The student has reviewed information about the available Pre-ETS and requested specific services.
- VRBS is in agreement that the requested Pre-Employment Transition Services are appropriate and necessary for the student to prepare for life after high school.

VRBS Staff Name: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed) (Signature)



# MYLF



## Montana Youth Leadership Forum ACKNOWLEDGMENT OF PARTICIPATION FOR MYLF ALUMNI ATTENDING THE 2019 MYLF STEP II

I, \_\_\_\_\_ confirm that I will attend the 2019 Montana Youth Leadership Forum STEP II, June 24<sup>th</sup> - 28<sup>th</sup> 2019 at Carroll College in Helena. Furthermore, I agree to abide by the guidelines and rules of MYLF and Carroll College Residential Life Program.

Student's Signature: \_\_\_\_\_

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

I, \_\_\_\_\_ give my permission  
(Print first and last name of Parent or Guardian)

for \_\_\_\_\_ to attend the 2019 MYLF STEP II  
(Print first and last name of student)

I also authorize the staff of the Montana Youth Leadership Forum and St. Peter's Hospital to act on my child's behalf in case of a medical emergency.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Day Telephone

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Night Telephone

- Circle your choice of an adult size T-shirt (which we provide):  
Small Medium Large X-Large XX-Large