



Montana Youth Leadership Forum

www.montanaylf.org

MONTANA YOUTH LEADERSHIP FORUM MYLF MINI APPLICATION

Applying: _____ Applying: _____ Applying: _____ Applying: _____

Lewistown Feb 21-22
Yogo Inn
211 E Main St

Hamilton Mar 11,12
Bitterroot River Inn
139 Bitterroot Plaza Dr

Livingston Apr 1-2
Yellowstone Pioneer
Lodge
1515 West Park Street

Baker May 6,7
Red River Inn
410 Montana Ave W

Students will check in at 10:00 a.m. and will be done at 3:00 p.m. the following day. All appropriate expenses for the forum will be covered including lodging, meals, training materials, and appropriate mileage will be reimbursed.

*Please complete all information for this application in blue or black ink.

1. First Name	Middle	Last
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2. Address	City	Zip
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3. Male / Female	4. Phone
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5. Name of High School	6. Grade Level (as of Dec 31 2018)
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7. Your E-Mail Address	8. Birth date (mm/dd/year)
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9. Date Graduation Expected	10. Social Security Number
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11. Your Ethnicity

12. Please describe your disability. This information will assist in assuring that we include delegates with a diversity of disabilities.

Disability (medical diagnosis) _____

Onset/diagnosis of disability: _____

Check all that apply:

Deaf _____	Developmental Disability _____
Hard of Hearing _____	Describe _____
I use sign language _____	Traumatic Brain Injury _____
I use real time captioning _____	Autism _____
I use lip reading _____	Other _____

Blind _____	Mental Health Disability _____
Visual Impairment _____	Neuromuscular Disability _____
I read with Braille _____	
I read with large print _____	

Orthopedic Disability _____	Learning Disability _____
I use a wheelchair _____	
I cannot walk upstairs _____	Multiple Disabilities _____
I cannot walk long distances _____	

Allergies

_____ No known allergies	_____ Delegate is allergic to
_____ Food	
_____ Medicine	
_____ Environmental factors	

*If the delegate has allergies please explain in the space provided below.



Diet / Nutrition

_____ Delegate eats a regular diet _____ Delegate eats a regular vegetarian diet

_____ Delegate has special food needs – please explain below

Restrictions

_____ I have reviewed the program information and feel the delegate can participate without restrictions.

_____ I have reviewed the program information and feel the delegate can participate with the following restrictions or accommodations. Please explain restrictions and/or accommodations below.

Medication:

_____ Delegate will not take any daily medications while attending.

_____ Delegate will take the following daily medication(s):

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Name of medication _____
Date started _____
Reason for taking it _____
When it is given _____
Amount or dose given _____
How it is given: _____
Assistance Needed: _____

Name of medication _____
Date started _____
Reason for taking it _____
When it is given _____
Amount or dose given _____
How it is given: _____
Assistance Needed: _____

*please use additional paper if needed to list all medications accurately
* MYLF Staff is unable to administer medication, only offer reminders to take medication to delegates.

Non-prescription medications may be stocked in the MYLF medical kit and are used on an as needed basis to manage illness and injury.

Cross out those items the delegate SHOULD NOT be given.

Acetaminophen (Tylenol)

Ibuprofen (Advil, Motrin)

Generic cough drops

Antibiotic cream

Calamine lotion Aloe

Laxatives for constipation (Ex-Lax)

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers

Has/does the delegate:

1. Ever been hospitalized? Yes No

2. Had fainting or dizziness? Yes No

3. Ever had surgery? Yes No

4. Passed out/had chest pain during exercise? Yes No

5. Have recurrent/chronic illnesses? Yes No

6. Had mononucleosis ("mono") during the past 12 months? Yes No

7. Had a recent infectious disease? Yes No

8. If female, have problems with periods/menstruation? Yes No

9. Had a recent injury? Yes No

10. Have problems with falling asleep/sleepwalking? Yes No

11. Had asthma/wheezing/shortness of breath? Yes No

12. Ever had back/joint problems? Yes No

13. Have diabetes? Yes No

14. Have a history of bedwetting? Yes No

15. Had seizures? Yes No

16. Have problems with diarrhea/constipation? Yes No

17. Had headaches? Yes No

18. Have any skin problems? Yes No

19. Wear glasses, contacts, or protective eyewear? Yes No

20. Traveled outside the country in the past 9 months? Yes No

Explain "Yes" answers: _____

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the delegate:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
4. Had a significant life event that continues to affect the delegate's life? Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions.

Health Care Provider:

Name of Delegate's primary doctor(s): _____

Phone: _____

Name of dentist(s): _____

Phone: _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the delegate to whom it pertains. The person described has permission to participate in all Mini Forum activities except as noted by me and/or an examining physician. I give permission to the physician selected by the MYLF to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with MYLF staff. I give permission to photocopy this form. In addition, MYLF has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian:

Relationship to Delegate: _____ Date: _____

Parent/Guardian with legal custody to be contacted in case of injury or illness

Name: _____

Relationship to Delegate: _____

Preferred Phone Number: _____

E-Mail: _____

Second parent/guardian or emergency contact

Name: _____

Relationship to Delegate: _____

Preferred Phone Number: _____

E-Mail: _____

13. Information on Vocational Rehabilitation

If you are currently a client of Vocational Rehabilitation, please tell us your Counselor's Name _____

14. School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities or work experience.

Activity	Adult Contact	Dates Involved	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Letters of recommendation

Please attach at least one letter of recommendation which describes your demonstrated leadership skills or your leadership potential.

List name, position/title, organization and telephone number of your Recommendation/s.

16. Required Essay

Your answers to the following questions will be used to assess your readiness to participate in the Leadership Forum. Please write your responses on a separate sheet of paper and attach to your completed application packet.

A. Qualifications – explain why you feel you are qualified to be a delegate to this forum and please tell us why you want to attend.

B. Positive Influences – In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, public officials, or celebrities are appropriate examples).

C. Experiences as a person with a disability – Describe two important experiences you have had as a person with a disability. (Please be specific about your examples as they relate to your disability.)

D. Future Plans – Describe any of your plans for after high school.

17. Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.

- a. Application forms _____
- b. One letter of recommendation _____
- c. Essay responding to four topics _____
- d. Release and Waiver Form _____
- e. Request Form for Pre-Employment Transition Services _____



Montana Youth Leadership Forum

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RELEASE AND WAIVER

I, _____ give _____ permission _____ for photographs/video footage of my child, _____ to be used by the Montana Youth Leadership Forum to promote the program. This may be in the form of brochures, posters, promotional videos, or academic or promotional presentations.

Furthermore, I release and hold Montana Youth Leadership Forum harmless from any liability from any act or omission, which arises from the use of the photographs/video(s). In addition, I waive any proprietary interest in the pictures/video(s) or any benefits whatsoever occurring to Montana Youth Leadership Forum of their use of such pictures/video(s).

I acknowledge by signing this release and waiver form that I fully understand its meaning and intent and I certify that I have the authority to grant all permissions, releases, and waivers herein granted.

Student Signature

Date

Parent/Guardian Signature

Date

**KEEP THIS PAGE –
DO NOT RETURN WITH APPLICATION**

**Mail Completed Applications to:
MYLF
1617 Euclid Ave. Suite 1
Helena, MT 59601**

**HOW STUDENT DELEGATES WILL BE SELECTED AND
APPLICATION INSTRUCTIONS FOR STUDENTS.**

1. To be eligible for the Montana Youth Leadership Forum for Students with Disabilities, students must:
 - a. Have a disability (as defined by the ADA)
 - b. Be in the 8, 9, 10, 11, or 12th grade as of December 31, 2018
 - c. Must have demonstrated leadership potential in school and community
 - d. Reside in Montana
2. Student applicants must mail the completed Mini application packet to the MYLF office no later than 7 days before the start of the Mini.
3. Selected applicants will be notified no later than 4 days before the start of the Mini.
4. **All appropriate expenses will be paid by the Montana Youth Leadership Forum (MYLF)** including such expenses as travel, lodging, food, and interpreters for students who are deaf and personal assistants for students with physical disabilities.

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

Student Name: _____ Student's 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: _____ Student's 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: _____ / _____ Date: _____
(Printed) (Signature)

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)

Please submit this completed form and supporting documentation (if applicable) to your local VRBS Office.