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**

2. Address **City** **Zip**

3. Male / Female **4. Phone**

5. Name of High School **6. Grade Level (as of Dec 31 2018)**

7. Your E-Mail Address **8. Birth date (mm/dd/year)**

9. Date Graduation Expected **10. Social Security Number**

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 _______
Hard of Hearing _________
I use sign language ______
I use real time captioning _______
I use lip reading ______________

Blind _______
Visual Impairment ________
I read with Braille ________
I read with large print _____

Orthopedic Disability______
I use a wheelchair _______
I cannot walk upstairs ______
I cannot walk long distances ____

Developmental Disability _________
Describe _________________
Traumatic Brain Injury ________
Autism __________________
Other__________

Mental Health Disability __________

Neuromuscular Disability _________

Learning Disability ______________

Multiple Disabilities _____________

Allergies

____ No known allergies

____ Delegate is allergic to
_____Food
_____Medicine
_____Environmental factors

*If the delegate has allergies please explain: ____________________________________
____

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:

____

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.

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 Date
(if student is under 18)

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)

______________________________________ Date: ______________
(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

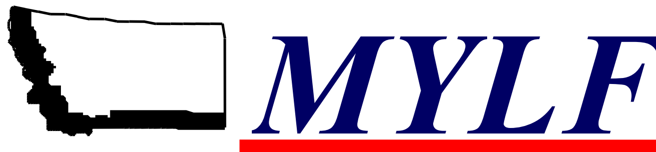
VRBS Office Use Only:

☐ 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)



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

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

- ✓ Application forms (pg. 1-6) __________
- ✓ One letter of recommendation __________
- ✓ Essay responding to four topics (listed on pg.6) __________
- ✓ Release and Waiver Form (pg. 9) __________
- ✓ Request Form for Pre-Employment Transition Services (pg. 7) __________
- ✓ Disability Verification Form (pg. 8) __________

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.