

VOLUNTEER STAFF APPLICATION

Deadline – April 5, 2024

Staff Dates: Sunday July 14th, 2024 through Friday, July 19th, 2024

Name:		
E-mail:		
Phone (cell):		
APP	LICANT YLF STATUS (Check All that apply):
New Staff Applican	t	
YLF Alumi, if checked	ed year attended YLF	
Former YLF staff me	mber, if checked year(s) on s	taff
		m 1 to 4, with 1 being your top choice)
Small Group Staff	Support Staff	
Technology Staff	Small Group Leader _	
Background checks an	BACKGROUND CHEC	K INFORMATION me applicants for staff positions of MYLiFe
Social Security Number	·	Birthdate:
Any alternate names (maide	en names, name changes, etc)	:
Signature:		Date:

^{*}The above information will only be used to do a criminal background check as required by Montana State laws pertaining to volunteers who work with minors. By signing below you give the MYLiFe permission to conduct the background checks as necessary for your participation in the 2024 YLF.

EDUCATION HISTORY			
High School:		Dates:	
Post High School	Dates:		
Post High School		Dates:	
WORK HISTORY			
Employer:	Dates:	Position:	
Employer:	Dates:	Position:	
Experience working with	h individuals with disabil	ities (include any previous YLF sta	affs)
SPECIAL INTEREST, TA	ALENTS AND ABILITIES		_
\ <u>*</u>	list three, include telepho quired for first-time appli	ne number) cants for staff positions of MYLiFe.	_
	describe below. *If you ha	on needs and/or dietary or health ave no accessibility or accommodation	
as a staff member for the 2024 through 12:00 p.m. l	Youth Leadership Forum b	nd other designated/assigned respons beginning at 2:00 p.m., Sunday, July also agree to follow all Carroll Colle participation in MYLiFe.	14 th
Signature:		Date:	