**2023 Virtual Leadership Summit Application**

Virtual Event will be held on ***March 4, 2023***

***Applications have to be submitted or postmarked by January 15, 2023***

Name: (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M.I.) \_\_\_\_\_\_\_ (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race (Optional) \_\_\_\_\_\_\_\_ T-Shirt Size\_\_\_\_\_\_\_

Email Address (this is where the event link/info will be sent to) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the questions below:**

1. How did you learn about the Forum?

🞏 School 🞏 Friend 🞏 Internet/Email/Social Media 🞏 Transition Event 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am a Vocational Rehabilitation (VR) or Rehabilitation Services for the Blind (RSB) Client

Yes  No  Don’t Know

1. I am a DMH Regional Office client.

Yes  No  Don’t Know

1. Have you participated at your local Center for Independent Living (CIL)?

Yes  No  Don’t Know

Please describe your disability

Primary Disability (medical diagnosis) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Onset of Disability (age): \_\_\_\_\_\_\_

Please check **all** that apply:

|  |  |
| --- | --- |
| * Deaf / Hard of Hearing:   I use sign language  I use assistive listening devices  I use real time captioning  I use lip reading  I need interpreter services  I use note takers   * Blind / Visually Impaired: * I read with Braille * I read with large print * I need assistance with mobility * I prefer electronic format * Mobility Disability (e.g. spinal cord injury, muscular dystrophy, other): * I use a wheelchair / scooter * I cannot walk upstairs * I use a walker, cane, or crutches * I cannot walk long distances * Immune Disability: * Crohn’s Disease * Rheumatoid Arthritis * Sickle Cell Anemia * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Autism * Asperger’s syndrome * Traumatic Brain Injury * Down Syndrome * Intellectual Disability * Mental Health Disability (e.g. anxiety, depression, bipolar/mood disorder, obsessive compulsive disorder, other) * Neuro/Muscular Disability * Learning Disability (e.g. dyslexia, dyscalculia, ADD/ADHD, other…)   \_\_\_Reading \_\_\_Math \_\_\_\_Written   * Multiple Disabilities * Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other) * Chemical / Environmental Sensitivity * Other (describe)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please list all accommodations needed to participate in the Forum (interpreter, captioning, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Options for submitting your completed application:***

***Upload to:***

https://tinyurl.com/VLS2023

***Fax to:***

573-526-4109

***Mailing to:***

Governor’s Council on Disability

Virtual Leadership Summit

PO Box 1668

Jefferson City, MO 65102

***Have questions or need assistance submitting your application?***

***Call:*** 800-877-8249 or 573-751-2600

OR

***Email:*** rachel.rackers@oa.mo.gov