**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