2020 LEADERSHIP DEVELOPMENT PROGRAM for the DEAF & HARD of HEARING VOLUNTEER STAFF APPLICATION FORM

The application deadline is May 1, 2020

Staff Dates: Thursday, June 18th at 1:00 PM to Sunday, June 21st at 12:00 PM

Name:	Date :		
Mailing Address:			
City	_ State Zip	Code	
Telephone:	E-mail:		
T-Shirt Size:	Position Inter	ested In:	
<u>needs</u> required during the week required for accommodations (. Since most equipment v	vill be rented for the air, etc) may lead to t ıring LDP.	y <u>accessibility</u> or <u>accommodation</u> week, failure to state equipment those accommodations not being is non-applicable (N/A).]

Medical Information			
Medical Plan:			
Name	Address	City	
Policy Holder:	Policy Number:		
Family Physician:		()	
Family Physician:		Area Code Telephone	
Person to notify in case of an emergence	cy (please provide two names):		
Name:	Relationship:		
Address:			
	City	State	Zip Code
Telephone Number: ()			
Area Code	Area Code		
Name:	Relationship:_		
Address:			
	City	State	Zip Code
Telephone Number: ()	Cell Phone: ()_ Area Code		
Are you currently under a doctor's care? If			
Do you have any special dietary needs ?	Yes No If yes, please specify:		
Please share any additional medical information emergency.	ation that you feel would be benefici	al to a doctor in case	e of an

Background Check Information

Full Legal Name:	
Social Security Number:	
Birthday:	
Registry, which is required for volunteers who w	to do a criminal background check through the Family Care ork with minors. By signing below you give the YLF Planning I checks as necessary for your participation in the 2020 YLF.
S	Signature:
REFERENCES (please list three, include telephone	e number)
1	Telephone:
2	Telephone:
3	Telephone:
For any clarification or questions, I will contact F	Rachel at (573) 526-4564 or rachel.rackers@oa.mo.gov
	Signature:

The application deadline is May 1, 2020.

There is a fixed number of volunteer staff positions. Return completed applications to:

LDP/DHH 301 West High Street, Room 840 PO Box 1668 Jefferson City, MO 65102

OR

By email: rachel.rackers@oa.mo.gov

OR

By fax: 573-526-4109

For additional Information Contact Rachel Rackers 573-526-4564 rachel.rackers@oa.mo.gov