**2020 \*Virtual\* Regional Leadership Forum Application**

Applications have to be submitted or postmarked by February 15, 2021

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED**

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

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race (Optional): \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Please check the ones that apply:**

How did you learn about the Forum?

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

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

Yes  No  Don’t Know

I am a DMH Regional Office client.  Yes  No  Don’t Know

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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If unable to submit online you may email, fax, or mail your documents to:**

Governor’s Council on Disability

Missouri Youth Leadership Forum

PO Box 1668

Jefferson City, MO 65102

[rachel.rackers@oa.mo.gov](mailto:gcd@oa.mo.gov)

<http://disability.mo.gov>

Phone: 800-877-8249

Fax: 573-526-4109