**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

<http://disability.mo.gov>

Phone: 800-877-8249

Fax: 573-526-4109