**2022 Virtual Leadership Summit Application**

Virtual Event will be held on ***February 26, 2022***

***APPLICATION DEADLINE EXTENDED!!***

***Applications have to be submitted or postmarked by January 31, 2022***

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 takersBlind / Visually Impaired:I read with BrailleI read with large printI need assistance with mobilityI prefer electronic formatMobility Disability (e.g. spinal cord injury, muscular dystrophy, other):I use a wheelchair / scooterI cannot walk upstairsI use a walker, cane, or crutchesI cannot walk long distancesImmune Disability:Crohn’s DiseaseRheumatoid ArthritisSickle Cell AnemiaOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * 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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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