



2022 Virtual Leadership Summit Application

Virtual Event will be held on February 26, 2022

Applications have to be submitted or postmarked by January 15, 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 Virtual Leadership Summit?

School Friend Internet/E-mail/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

301 West High Street, Room 620 PO Box 1668 Jefferson City, MO 65102
800-877-8249 email: gcd@oa.mo.gov <http://disability.mo.gov/gcd/ylyf.htm>

Missouri Youth Leadership Forum is hosted by
the Governor's Council on Disability in partnership with MU Pre-ETS, Paraquad and Vocational Rehabilitation

Please describe your disability – Primary

Disability (medical diagnosis):

Onset of Disability (age):

Please check **ALL** that apply:

<p>Deaf / Hard of Hearing:</p> <ul style="list-style-type: none">I use sign languageI use assistive listening devicesI use real time captioningI use lip readingI need interpreter servicesI use note takers <p>Blind / Visually Impaired:</p> <ul style="list-style-type: none">I read with BrailleI read with large printI need assistance with mobilityI prefer electronic format <p>Mobility Disability (e.g. <i>spinal cord injury, muscular dystrophy, other</i>):</p> <ul style="list-style-type: none">I use a wheelchair / scooterI cannot walk upstairsI use a walker, cane, or crutchesI cannot walk long distances <p>Immune Disability:</p> <ul style="list-style-type: none">Crohn's DiseaseRheumatoid ArthritisSickle Cell AnemiaOther	<p>Autism</p> <p>Asperger's syndrome</p> <p>Traumatic Brain Injury</p> <p>Down Syndrome</p> <p>Intellectual Disability</p> <p>Mental Health Disability (e.g. <i>anxiety, depression, bipolar/mood disorder, obsessive compulsive disorder, other</i>)</p> <p>Neuro/Muscular Disability</p> <p>Learning Disability (e.g. <i>dyslexia, dyscalculia, ADD/ADHD, other...</i>)</p> <p>Reading Math Written</p> <p>Multiple Disabilities</p> <p>Chronic Illness (e.g. <i>cancer, cystic fibrosis, diabetes, heart disease, other</i>)</p> <p>Chemical / Environmental Sensitivity</p> <p>Other (describe)</p>
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Please list all accommodations needed to participate (interpreter, captioning, etc.)

Please download and save the PDF to your computer or device.

Then email the application as an attachment to: gcd@oa.mo.gov

If unable to submit by email, you can fax or mail your documents to:

Governor's Council on Disability
Missouri Youth Leadership Forum
PO Box 1668
Jefferson City, MO 65102

Questions? Contact rachel.rackers@oa.mo.gov
<http://disability.mo.gov>
Phone: 800-877-8249
Fax: 573-526-4109