



**2019 MISSOURI YOUTH LEADERSHIP FORM
VOLUNTEER STAFF APPLICATION**

July 15 - 20, 2019

Application deadline is May 1, 2019

Email to: rachel.rackers@oa.mo.gov or mail to
Governor's Council on Disability/Missouri Youth Leadership Forum, PO Box 1668, Jefferson City, MO 65102

DEMOGRAPHIC INFORMATION

Name _____ Date of Birth _____ Social Security Number _____
For background check, please list full legal name: _____
Phone _____ Email _____
Mailing Address _____
City _____ State _____ Zip _____
County _____ Gender (M/F) _____ Shirt Size _____

FORUM INFORMATION

Are you a former Forum delegate? ☐ Yes ☐ No
Have you served as a Forum volunteer staff before? ☐ Yes ☐ No
If yes, what were the positions you held the last two years you attended:
Position _____ Year _____
Position _____ Year _____

Volunteer staff position(s) desired (please see attached sheet and list up to two, in your preferred order of choice):
Position _____
Position _____

ABOUT YOU

What contributions or strengths do you think you can bring to the Missouri YLF as a staff member?

If you have prior experience with YLF (alumni, presenter, staff, etc.), give an example of how the YLF has changed or benefited your life.

Based upon your past experience(s) with YLF and your extracurricular activities and interests, what qualities or skills do you feel you would bring to YLF as a Team Member/Facilitator? (Technical skills, leadership skills, etc.) Please mark any skills listed that apply to you and comment if other is selected.

☐ Small Group Discussions ☐ News Media (Tech, photo, video) ☐ Decorations ☐ Other

If other, please explain:



301 West High Street, Room 840 PO Box 1668 Jefferson City, MO 65102
800-877-8249 email: gcd@oa.mo.gov <http://disability.mo.gov/gcd/ylf.htm>

The Missouri Youth Leadership Forum is hosted by the
Governor's Council on Disability and Paraquod



EDUCATION AND EMPLOYMENT

Last grade or degree completed

School

Current Profession

Employer

Other skills or employment experience you would like to share (or please attach a resume):

DISABILITY AND ACOMMODATIONS

Do you have a disability? Yes ☐ No ☐

If yes, please specify your disability

Do you need any accommodations to perform the essential job functions for the position you are applying for?

☐ Yes ☐ No

If yes, please list all accommodations needed to participate in the Forum (interpreter, personal care attendant, special diet, etc.). Check those that apply:

☐ Housing Needs ☐ Interpreter ☐ Personal Care Attendant ☐ Braille ☐ Caption
☐ Reading assistance ☐ Writing assistance ☐ Special diet ☐ Other: (Please explain)

REFERENCES

Please list two references, one personal and one professional. Attach one letter of recommendation.

Name

Title

Organization

Phone

Name

Title

Organization

Phone

EMERGENCY CONTACT

Name

Phone

Address

City

State

Zip

I understand the requirements of the position for which I am applying. I also understand the commitment to participate as stated under the criteria and responsibilities for position I am applying. Additionally, I understand my responsibility for the supervision of the delegates. **I understand that a background check will be done on qualified volunteers.**

LIABILITY WAIVER

The Governor's Council on Disability (GCD) and Paraquad, its staff and volunteers *assume no responsibility for injuries or accidents that may occur during the Missouri Youth Leadership Forum event*. Your participation, and the participation of those in your group, is entirely at your own risk. Nor does the GCD or Paraquad assume any liability for the venue of this event or by anyone for this event. By signing this release, you agree to hold harmless the GCD, Paraquad, its staff and volunteers from all cost, expense and liability, which may be caused by any act or failure to act by anyone associated with the GCD or Paraquad.

CONFIDENTIALITY

Becoming a staff member for the Missouri Youth Leadership Forum means being able to trust and be trusted. Confidentiality is the cornerstone of your relationship with the program and the youth that we serve. Confidentiality means that the staff-delegate relationship and all the information you obtain through that contact is kept between you and the other person (**Sharing necessary information with the Program Coordinators is acceptable**). This includes not only things you consider sensitive topics, but any information. This rule is essential to maintaining trust in your staff relationship and fulfilling your responsibility to the Program. Confidentiality is something you cannot be too careful or strict about. There are only five exceptions as to when you can share information:

1. When the other person specifically gives you **written permission** and then **only information that is necessary**.
2. During **the Forum staff meeting** when the “**need to know**” arises.
3. When the person you are working with is in a **life threatening situation**; threatening suicide or to harm others.
4. You have knowledge that the **person is being sexually abused**.
5. You have knowledge of **child abuse**.

It is difficult at times to resist relaying information, particularly if you feel that sharing the information would ultimately benefit the person you are working with, or, the person wanting to know more has the other person’s best interest at heart. Just remember there are no exceptions without the person’s permission except those above. A simple firm “I’m sorry, but I can’t share that information.” will suffice.

I understand confidentiality and commit to hold in confidence any information that I receive in the staff/delegate relationship that I establish through the Missouri Youth Leadership Forum.

Signature _____ Date _____

Release Form for Use of Photographs and Quotations

I hereby grant my permission for the Governor's Council on Disability (GCD) and Paraquad to take my photograph (still and video). I further grant permission for the GCD and Paraquad to use the photographs in any manner including in brochures, slide presentations, videos, and documentaries, in news releases or other means of public display. I understand that there will be no compensation to the persons being photographed and the GCD and Paraquad will not use the photographs for commercial purposes. I understand that the photographs will be the property of the GCD and Paraquad. This release authorizing the taking of photographs is good for a period of one year after the date signed. I understand that the GCD and Paraquad may use the photographs for an indefinite period after they are taken.

Signature _____ Date _____

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