

MISSOURI YOUTH LEADERSHIP FORUM

Volunteer Application (Only coming for one activity or not all week-long positions)

Please read all instructions. Please fill out the entire application marking sections that do not apply appropriately with N/A. **The application deadline is April 15, 2024.** *There are a fixed number of volunteer staff positions.*

Options for submitting your completed application:

Upload to:

<https://tinyurl.com/2024MOYLF>

Fax to:

573-526-4109

Mail to:

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

Have questions or need assistance submitting your application?

Call: 800-877-8249 or 573-751-2600

OR

Email: gcd@oa.mo.gov

2024 MISSOURI YOUTH LEADERSHIP FORM VOLUNTEER APPLICATION

**** If you are selected as a volunteer, you will receive additional forms to complete after the application deadline. These forms will be sent to the email you list below and must be completed to serve as a volunteer****

Name (First) _____ (M.I.) _____ (Last) _____

Nickname/Preferred Name: _____

Gender: _____ Pronouns: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

T-Shirt Size: _____

Applicant Status: Check ALL that apply:

____ New Volunteer Applicant (*please complete the **References** and **Experience** section below*)

____ YLF Alumni, if checked, the year you attended YLF _____

____ Former YLF volunteer or staff member, year(s) on staff _____, _____, _____

**** FOR NEW VOLUNTEER APPLICANTS ONLY****

REFERENCES (please list two, include telephone number)

1. _____ Telephone: _____

2. _____ Telephone: _____

EXPERIENCE

What prior experience do you have that would be beneficial to you being a staff volunteer at MO-YLF?

AVAILABILITY: Please check all dates/times that you are available to volunteer during the week of MO-YLF:

Tuesday, July 16th

Morning Afternoon Evening

Wednesday, July 17th

Morning Afternoon Evening

Thursday, July 18th

Morning Afternoon Evening

Friday, July 19th

Morning Afternoon Evening

Saturday, July 20th

Morning Afternoon Evening

Please check any accommodations that you will need while serving as a volunteer at MO-YLF:

- Sign Language Interpreter
 Assistive Listening Devices
 Real-Time Captioning Braille Materials
 Large Print Materials – Font Size: _____ Flash drive w/ electronic materials
 Other – Please Specify:

*****Since most equipment will be rented for the week or contracted out, failure to state the equipment or accommodations required may lead to those accommodations not being available during YLF.***

[If needed, include an extra page with your application to provide any additional information]

If you are selected for a volunteer position, we expect you to be present and committed to fulfilling your responsibilities at the 2024 MO-YLF. As a volunteer, your dedication and active participation are crucial in ensuring the smooth operation of the event and making a meaningful impact on the lives of the participants. By accepting a volunteer role, you are committing to be present and fully engaged during the designated days and times assigned to you. However, we understand that unforeseen circumstances may arise. In such cases, we kindly request that you promptly inform the Governor’s Council on Disability office, so that appropriate arrangements can be made to find a replacement. Should you have any questions or need clarification, please contact the Governor’s Council on Disability office at (573) 751-2600 or gcd@oa.mo.gov.

Signature: _____