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**Volunteer Staff Application**

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 STAFF APPLICATION**

**\*\* If you are selected to be a staff member, 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 staff member\*\***

**Staff Dates: Monday, July 15, 2024, through Saturday, July 20, 2024**

**The application deadline is April 15, 2024**

Name (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname/Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Interested In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicant Status: Check ALL that apply**:

\_\_\_\_ New Staff Applicant *(please complete the* ***References*** *and* ***Experience*** *section below)*

\_\_\_\_ YLF Alumni, if checked, the year you attended YLF \_\_\_\_\_\_\_\_\_

\_\_\_\_ Former YLF staff member, year(s) on staff \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

**\*\* FOR NEW STAFF 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?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

🞎 Sign Language Interpreter Real-Time Captioning

🞎 Assistive Listening Devices 🞎 Wheelchair Accessible Room

🞎 Shower Chair / Bench 🞎 Roll-In Shower 🞎 Braille Materials

🞎 Large Print Materials – Font Size: \_\_\_\_\_\_\_\_ 🞎 Flash drive w/ electronic materials

🞎 Other – Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\****Since most equipment will be rented for the week, failure to state equipment required for accommodations (ie wheelchair, shower chair, etc) may lead to those accommodations not being available during YLF.***

[If necessary, use the back of this page to list any additional details.]

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**Background Check Information**

**Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any other names you have used (Examples: Maiden, Previous Marriage, Legal Name Change):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***To participate in the 2024 YLF, volunteers who work with minors are required to undergo a criminal background check through the Family Care Registry. Your information will only be used for this purpose. By signing below, you give permission to the YLF Planning Committee to conduct the necessary background checks. Should you have any questions about this process, please contact the Governor’s Council on Disability office at gcd@oa.mo.gov or by calling 573-751-2600.***

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***If chosen as a Facilitator or Team Member, I will be present for the Youth Leadership Forum from 1:00 p.m., Monday, July 15, 2024, until 3:00 p.m., Saturday, July 20, 2024. Starting from July 16, 2024, when the delegates arrive, I will always remain with them, not being able to leave the dorm at night or the campus during the day, until the checkout on July 20, 2024. I will also adhere to all the rules and regulations of the University of Missouri Columbia resident hall regarding my involvement in YLF. If I am unable to fulfill this role, I will promptly inform the Governor’s Council on Disability office to find a replacement. Should there are any questions or need for clarification, I will contact Governor’s Council on Disability office at (573) 751-2600 or gcd@oa.mo.gov.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**