



Staff and Volunteer 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, 2025.** There are a fixed number of staff and volunteer staff positions.

Options for submitting your completed application:

Upload to:

<https://tinyurl.com/2025MOYLF>

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

**2025 MISSOURI YOUTH LEADERSHIP FORM
STAFF AND VOLUNTEER APPLICATION**

**** If you are selected as a staff or 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 staff or volunteer****

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: _____

Applicant Status: Please select one:

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

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

____ Returning Staff/Volunteer Applicant (Last year attended: _____)

**** 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 attend or volunteer during the week of MO-YLF:

Available all week:

Monday, July 14th

Morning Afternoon Evening

Tuesday, July 15th

Morning Afternoon Evening

Wednesday, July 16th

Morning Afternoon Evening

Thursday, July 17th

Morning Afternoon Evening

Friday, July 18th

Morning Afternoon Evening

Saturday, July 19th

Morning Afternoon Evening

Please check any accommodations that you will need while serving as a staff or 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]

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 2025 YLF, staff and 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 you are selected for a staff/volunteer position, we expect you to be present and committed to fulfilling your responsibilities at the 2025 MO-YLF. As a staff member/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.

If chosen for a volunteer role, I am committing to being present and fully engaged during the designated days and times assigned to me.

If chosen as a Facilitator or Team Member, I will be present for the Missouri Youth Leadership Forum for the entire event from July 14 – 19, 2025.

Signature: _____

*We understand that unforeseen circumstances may arise. If you cannot participate in your designated role, 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.*