

Last Name

First Name

Filipino

Japanese

Korean

Laotian/Hmong/Mein

Vietnamese

Other Asian _____

Black and/or African American

Hispanic and/or Latino

Native Hawaiian or Other Pacific Islander Group:

Guamanian /Chamorro

Hawaiian

Samoan

Other Pacific Islander _____

White

Other _____

Disability Information

11. Please check **all** that apply to your disability:

Blind/Low Vision

Chemical/Environmental Sensitivity

Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other)

Deaf

Hard of Hearing

Immune (e.g. Crohn's disease, rheumatoid arthritis, other)

Intellectual/Developmental (e.g. acquired brain injury, down syndrome, epilepsy, cerebral palsy, autism/Asperger's syndrome and other)

Learning (e.g. dyslexia, dyscalculia, attention deficit disorder, other)

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Mental Health/Behavioral Health (e.g. anxiety, depression, bipolar disorder, obsessive compulsive disorder, other)

Mobility (e.g. spinal cord injury, muscular dystrophy, other)

Other Disability

12. Name of specific disability(s):

13. Please describe your disability. This information will assist in assuring that we include a diversity of delegates with disabilities.

14. To assist your full participation at the YLF, please describe your disability or medical condition so that we may provide the appropriate accommodations.

Blind/Visual

- Braille
- Large Print (font size ____)
- Audio Description
- Other (specify):

Deaf/Hearing

- I use American Sign Language (ASL)
- I use a Cochlear Implants
- I use hearing aids or a hearing device
- I use Real Time Captioning/ Communication Access Realtime

Translation

- Other (specify):

Communication Disability: To better assist you, please tell us the specifics of your disability how we can assist you (such as additional time for responses):

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Learning Disability: Please tell us the specifics of your disability so we can better assist you (such as reading or writing): _____

Emotional/Psychiatric Disability: Please tell us the specifics of your disability so we can better assist you (such as quiet time):

Mobility Limitation: Please tell us the specifics of your disability so we can better assist you (such as assistance turning pages):

Can you easily walk up stairs (to second floor lodging)?

Yes No

Check all that apply:

I use a manual wheelchair

I use a motorized wheelchair

I use a walker

I use crutches

I use a manual scooter

I use a power scooter

Special Equipment needed that I will be bringing (such as a walker, wheelchair, braille/tablet):

Special Equipment needed on-site that I will NOT be bringing (such as a Hoyer lift, shower chair):

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Personal Care Attendant needed. List (in detail) your needs such as feeding, dressing, toileting, bathing, or over-night assistance:

15. Were you a YLF Delegate? Yes No What Year? _____

16. If you work (paid or volunteer), where do you work and what do you do?

17. How many hours do you work each week?

18. Volunteer Staff Position(s) desired (see separate Volunteer Staff Positions description document and list up to three, in your preferred order of choice). For each position, please describe how you meet the desirable qualifications.

Position #1:

List your qualifications for position #1:

Position #2:

List your qualifications for position #2:

Position #3:

List your qualifications for position #3:

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Education and Job Experience

Last grade or degree completed

Name of School

19. Briefly state why you are interested in serving as a YLF volunteer staff person:

If applicable, when did you graduate? : _____

20. If you work (paid or volunteer), where do you work and what do you do?

21. How many hours do you work each week? _____

References

Please list two references (one personal and one professional). Please attach one letter of recommendation.

Name

Title or Relationship

Organization

Telephone Number

Name

Title or Relationship

Last Name
Organization

First Name
Telephone Number