



CALIFORNIA YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES

2022 YLF STAFF APPLICATION

ONLY TYPED APPLICATIONS WILL BE ACCEPTED!

Staff Information

First Name

Middle Name

Last Name

With What Gender do you identify?

Male

Female

Other:

Birth Date (Month, Day, Year):

Home Address (no PO Boxes), City and Zip Code:

California County of Residence:

Applicants Phone Number:

Applicant's Email Address:

Were you a YLF delegate?

Yes

No

If yes, what year?

If you are selected as staff and you are a YLF alumni, you are expected to present at the YLF Community Sharing program sessions. (Topics will be provided at a later date.)

Last Name

First Name

Disability Information

Please check all that apply to your disability:

Sensory

Blind

Deaf

Low Vision

Hard of Hearing

Other:

Chemical or Environmental Sensitivity

Communication (verbal, speech, other)

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, other)

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

Mental Health or Behavioral Health

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

Other:

Accommodation Needs

Please check any of the following reasonable accommodations which will allow you to fully participate in the YLF program. This information will be used in the planning of the program, but will not be taken into consideration when choosing staff. I use a/an:

American Sign Language Interpreter

Personal Care Attendant

Real Time Captioning (CART)

Power Wheelchair

Audio Description

Manual Wheelchair

Materials in Alternate Formats

Other Mobility Aid

Other (Please Describe):

Last Name

First Name

Education and Job Experience

Highest grade or degree completed (please check a box):

High School Diploma

Bachelor's Degree

Master's Degree

For your desired YLF staff position(s), please describe how your work experience (paid or volunteer) meets the position's qualifications. List up to three positions, in your preferred order of choice. You may submit a resume as a supplement to the responses below.

Position #1:

List your qualifications for position #1:

Position #2:

List your qualifications for position #2:

Position #3:

List your qualifications for position #3:

Briefly state why you are interested in serving as a YLF volunteer staff member:

Last Name

First Name

References

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

1. Name:

Title or Relationship:

Organization:

Telephone Number:

2. Name:

Title or Relationship:

Organization:

Telephone Number:

Last Name

First Name

Final Preparation/Check List

Please use the checklist below to ensure your application packet is complete. Incomplete applications will not be considered.

Required Items	Completed
1. Completed Application	<input type="checkbox"/>
2. Read On-Site Staff Position Descriptions	<input type="checkbox"/>
3. One Letter of Recommendation	<input type="checkbox"/>

Background Check Policy

Your work as a virtual or on-site staff is contingent on passing a background check based on fingerprinting. Only selected staff will be required to complete and pass a Federal Bureau of Investigation (FBI) and Department of Justice (DOJ) background check including a review of the state and national sex offender registry. If you have any convictions under [Penal Code 290](#) or are listed in any sex offender registry, you will automatically be disqualified to be selected as staff.

CCEPD management only receives verification of the background check from the third-party vendor and provides this information to the university, if there is an in-person portion of YLF, as part of their policy.

Any issues with your background check need to be addressed through the third-party vendor.

In order to verify your background check with the vendor, you must provide us with either your Driver's License or California Identification Number. Please review the YLF Background Check Frequently Asked Questions document on the [YLF staff webpage](#) if you have any questions.

Please see self-disclosure and signature information on Page 7

Last Name

First Name

Signatures and Acknowledgements

Self-Disclosure Notes

If selected to be an on-site staff member, I will also be subjected to self-disclosure statements, confidentiality agreements and be required to hold to strict privacy guidelines. I will agree to submit to a background check and may also be required to take confidentiality and sexual harassment trainings.

By submitting this application packet, I consent to any information being released confidentially to interviewers and YLF partners. This information is used to determine eligibility to be selected as staff to attend the YLF. All partners will confidentially maintain any information.

If you agree to these consent items and check below to sign electronically, you agree to the following:

- You confirm that you are the person(s) identified on the below lines and sign on your own behalves.
- The 2022 YLF application document is for the planning partners and your records. The California Committee on Employment of People with Disabilities YLF staff office will also keep a copy of the document and the accompanying electronic acknowledgment.

Name of Applicant (Typed)

Today's Date

Check here for applicant acknowledgement

Thank you for completing this application.

APPLICATIONS MUST BE RECEIVED BY DECEMBER 31, 2021.

Either print and scan or save a copy of this document, and send as an attachment along with the Letter of Recommendation to ylf@dor.ca.gov.

If you need assistance completing the form or for any other questions, you may email to the address above or call 1-855-894-3436.

Please keep a copy of the application for your records.