



Youth Leadership Forum (YLF): 2019 Application

Background Information

What is the Youth Leadership Forum (YLF)?

YLF is an overnight conference for youth and young adults with disabilities who have demonstrated leadership potential and concern for their communities. YLF participants stay in dorms at Bridgewater State University to experience life away from home in a college setting, and have the opportunity to build their leadership skills as they learn about self-advocacy, assistive technology, independent living, employment skills, career exploration, higher education, legislative advocacy, the Disability Rights Movement, and community participation.

Partners for Youth with Disabilities (www.pyd.org) is proud to organize and host the 2019 Massachusetts YLF in partnership with the Massachusetts Rehabilitation Commission, the Massachusetts Department of Mental Health, the Massachusetts Developmental Disabilities Council, Spaulding Rehabilitation Hospital, and numerous collaborators across the state.

Who should apply to be part of YLF?

YLF is for youth with any type of disability who want to develop self-advocacy and leadership skills, begin to plan career goals, and build a network of supports and friends. Young people with disabilities can apply to be a Delegate or Peer Leader:

Delegate: Youth are eligible to apply as a Delegate if they are between the ages of 16-22, have a disability of some kind, and are either in the last two years of high school (class of 2019/2020) or are in a transition program through their high school. Previous YLF participants are able to re-apply to be Delegates.

Peer Leader: Youth are eligible to apply as a Peer Leader if they are between the ages of 18-25, have graduated high school, have a disability of some kind, and are either working, taking college courses, or (if a previous YLF Delegate) in a transition program.

Peer Leaders are responsible to help plan YLF activities and mentor Delegates. If selected, they must commit to a training that will take place by mid-June 2019 (date TBA), and a full day of training at Bridgewater State University on June 24th, 2019. Peer Leaders will stay overnight on Monday, June 24th, 2019 and remain at Bridgewater State University until YLF ends on Thursday, June 27th. Peer Leaders receive a small stipend for their work.

YLF participants represent communities across Massachusetts. We are committed to diversity and welcome applicants with diverse disabilities, identities, and backgrounds.



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How are participants selected?

Youth are selected through a statewide competitive process that seeks youth with disabilities who demonstrate leadership potential and a concern for their communities. Those interested must submit an application, along with the enclosed recommendation form, and participate in an interview in order to be considered. YLF participants will be selected to represent diversity across Massachusetts in terms of geography, gender, economic status, ethnicity and disability.

Where and when is YLF?

- Bridgewater State University, Bridgewater, MA
- June 24th, 2019 is the full day training for Peer Leaders
- June 25th-27th, 2019 are the dates for Delegates and Peer Leaders

If I am selected, how much does it cost?

YLF is FREE for all selected Delegates and Peer Leaders. YLF is funded by the Massachusetts Rehabilitation Commission, the Massachusetts Department of Mental Health, the Massachusetts Developmental Disabilities Council, and Spaulding Rehabilitation Network, so that youth with disabilities can strengthen their leadership skills and prepare for employment.

Priority Application Deadline: April 15th, 2019

(Applicants should apply as soon as possible; applications received after April 15th, 2019 can only be considered if space permits)



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Contact Information & Demographics

* 1. Youth Information

Name:

Street Address:

Apt/Unit:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

* 2. Parent/Guardian Contact Information

Name:

Street Address:

Apt/Unit:

City/Town:

State:

ZIP:

Email Address:

Cell Phone Number:

* 3. Youth's Date of Birth

DOB:

* 4. Gender Identity

- Male
- Female
- Transgender
- Genderqueer/Gender non-conforming (not exclusively male or female)
- I am not sure of my gender identity.
- I prefer not to disclose my gender identity.

* 5. Race & Ethnicity (Mark all that apply)

- Asian
- Black
- Hispanic/Latino
- Middle Eastern
- Multiracial
- Native American
- Pacific Islander
- White

Other (please specify)

6. Household Income

- <\$10,000
- \$11,000 -- \$25,000
- \$26,000 -- \$50,000
- \$51,000 -- \$75,000
- >\$75,000



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Disability Information

We define the term “disability” very broadly, spanning from physical disabilities to learning disabilities to mental health and health conditions. We are committed to diversity, and welcome applicants with any and all disabilities.

* 7. What is your disability? Mark as many categories as apply.

- Developmental (autism, Down syndrome, etc.)
- Intellectual (brain injury, cognitive delay, etc.)
- Learning (dyslexia, non-verbal learning disorder, etc.)
- Physical (cerebral palsy, muscular dystrophy, mobility impairment, etc.)
- Communication (non-verbal, stutter, Tourette, etc.)
- Sensory (Deaf, hard of hearing, visual impairment, etc.)
- Mental Health (Attention-Deficit/Hyperactivity Disorder, anxiety, bipolar, depression, etc.)
- Health (epilepsy, blood disorder, etc.)

Other (please describe)

8. What is your specific disability or disabilities?

- | | | |
|--|---|---|
| <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Anorexia or bulimia | <input type="checkbox"/> Cognitive delay | <input type="checkbox"/> Non-verbal |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Non-verbal learning disorder |
| <input type="checkbox"/> Aphasia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obsessive-compulsive |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Post-traumatic stress |
| <input type="checkbox"/> Ataxia | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Auditory processing disorder | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Autism spectrum | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sensory integration disorder |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Fragile X syndrome | <input type="checkbox"/> Spina bifida |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Hard of hearing or Deaf | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Brain injury | <input type="checkbox"/> Immune disorder | <input type="checkbox"/> Tourette |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Language challenge (expressive or receptive) | <input type="checkbox"/> Visual impairment or blind |

Other (please describe)

9. Do you need reasonable accommodations? If so, what accommodations do you need?

10. Do you need a wheelchair accessible room?

Yes

No

* 11. Do you have a counselor through the Massachusetts Rehabilitation Commission (MRC), Massachusetts Commission for the Blind (MCB), or Massachusetts Commission for the Deaf & Hard of Hearing (MCDHH)? Do you receive Mental Health services?

Yes, I have an MRC counselor.

Yes, I have an MCB counselor.

Yes, I have an MCDHH counselor.

Yes, I receive Mental Health services.

No, I have never been involved with the Commissions.

I am not sure.

If you answered YES above, please specify where you meet with your counselor.



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* 12. Have you previously attended YLF?

No, I have never participated in YLF.

Yes, I participated as a Delegate.

Yes, I participated as a Peer Leader.

If you answered YES above, please specify the year(s) you participated.

13. How did you learn about YLF?

* 14. Please rank your preferred interview locations (first choice to last).

<input type="checkbox"/>	<input type="text" value="Boston/Somerville/Quincy"/>
<input type="checkbox"/>	<input type="text" value="East Bridgewater"/>
<input type="checkbox"/>	<input type="text" value="Worcester"/>
<input type="checkbox"/>	<input type="text" value="Springfield"/>

* 15. I am applying to be a:

- Delegate
- Peer Leader



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Delegate

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16. School or transition program currently attending:

17. Planned graduation date:



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Peer Leader

You are eligible to apply as a Peer Leader if you are between the ages of 18-25, have graduated high school, and are either:

A) Working and/or taking college courses.

B) A previous YLF Delegate who is currently in a transition program (e.g. ICE, Threshold, Riverview).

18. Workplace (if applicable):

19. College attending (if applicable):

20. Transition program (if applicable):



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Community Involvement & Interests

* 21. Interests: Briefly describe your interests and hobbies that you pursue in your free time.

22. Please list any involvement in **School and Community Activities** (e.g. clubs, sports teams, or other extra-curricular activities, local groups, religious activities, volunteer activities, organizations.)

Include the activity, dates of involvement, and how you were involved (briefly).

23. What type of jobs/careers interest you?

24. Please list any previous paid or unpaid **Work Experience**.

Include the job, if you were paid, dates of involvement, and the name of an adult contact.



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Application Questions

Explain your interest in YLF and why you seek to participate by answering the following questions.

* 25. What do you hope to learn by participating in the 2019 Youth Leadership Forum (YLF)?

* 26. Why should you be selected to participate in YLF?

* 27. What are your life goals? Your career goals?

* 28. What are your gifts, talents, and strengths? What are you good at?

* 29. What are you most passionate about? Why is it important to you?

* 30. What skills are you most interested in developing during YLF? How do you hope to use your time in YLF to learn these skills?

* 31. Describe an important experience you've had as a young person with a disability. What did you learn from this experience?

Please be specific about how your experience relates to your disability.

* 32. Select your T-shirt size:

- X-Small
- Small
- Medium
- Large
- X-Large
- XX-Large
- XXX-Large



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Permission Statements

By clicking "Done" and submitting my application, I certify that all of the information I provided on this application is true. I also give permission to share my application information with staff and collaborating agencies working on YLF.

To complete your application, YLF applicants must also submit a recommendation from an adult who can comment on their potential to be a leader. This could be completed by a teacher, employer, or other community leader. It can NOT be completed by a family member or a personal friend.

The recommendation form can be found at this link:

<https://www.surveymonkey.com/r/YLFrec2019>

All recommendations must be received by April 15th, 2019.

Click "Done" below to submit your application!