



Youth Leadership Forum (YLF): 2018 Application

Background Information

What is the Youth Leadership Forum (YLF)?

YLF is a conference for youth and young adults with disabilities who have demonstrated leadership potential and concern for their communities. YLF participants spend the day at Bridgewater State University to experience a college setting, and have the opportunity to build their leadership skills as they learn about topics and resources related to advocacy, assistive technology, independent living, employment skills, and community resources.

Partners for Youth with Disabilities (www.pyd.org) is proud to organize and host the 2018 Massachusetts YLF in partnership with the Massachusetts Department of Mental Health and numerous partners across the state. We welcome and include people of all abilities, identities, and backgrounds.

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 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.

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



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Can I apply multiple years in a row?

Youth who have previously attended YLF are eligible to apply to participate again.

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 and participate in a phone 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?

- Friday, June 29th, 2018 (all day)
Bridgewater State University, Bridgewater, MA

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 Department of Mental Health so that youth with disabilities can learn about topics and resources related to leadership skills, advocacy, independent living, and employment.

Priority Application Deadline: April 30th, 2018 (please apply as soon as possible; applications will only be accepted after April 30th if all spots are not yet filled)



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Contact Information & Demographics

* 1. Youth Information

Name:

Street Address:

Apt/Unit:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

2. Name of Parent/Guardian

3. Email Address of Parent/Guardian

4. Cell Phone Number of Parent/Guardian

* 5. Youth Date of Birth

DOB:

*** 6. 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

Other

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

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

Other (please specify)

8. Household Income

- <\$10,000
- \$11,000 -- \$25,000
- \$26,000 -- \$50,000
- \$51,000 -- \$75,000
- \$75,000-\$100,000
- >\$100,000

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.

* 9. 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 (hard of hearing, visual impairment, etc.)
- Mental Health (ADHD, anxiety, bipolar, depression, etc.)
- Health (epilepsy, blood disorder, etc.)

Other (please describe)

10. If applicable, what is the your specific disability or disabilities?

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

Other (please describe)

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

* 12. Do you receive services through the Massachusetts Department of Mental Health (DMH), the Massachusetts Rehabilitation Commission (MRC), Massachusetts Commission for the Blind (MCB), the Massachusetts Commission for the Deaf & Hard of Hearing (MCDHH), or the Massachusetts Department of Developmental Services (DDS)?

- Yes, I receive DMH services.
- Yes, I receive MRC services.
- Yes, I receive MCB services.
- Yes, I receive MCDHH services.
- Yes, I receive DDS services.
- No, I have never been involved with the state agencies listed above.
- I am not sure.

If you answered YES above, please specify where you received services.

13. Do you receive services through your school (if applicable)?

- Yes, I have an Individualized Education Plan (IEP).
- Yes, I have a Section 504 Plan.
- No, I do not currently receive services.
- I am not sure.



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* 14. 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.

15. How did you learn about YLF?

* 16. I am applying to be a:

- Delegate
- Peer Leader



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Delegate

You are eligible to apply as a Delegate if you are between the ages of 16-22, and are either in the last two years of high school or in a transition program. Previous YLF participants can apply to be Delegates.

17. School or transition program currently attending:

18. 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. Massachusetts Inclusive Concurrent Enrollment Initiative, Threshold, Riverview).

19. Workplace (if applicable):

20. College attending (if applicable):

21. Transition program (if applicable):



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Community Involvement & Interests

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

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

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

24. What type of jobs/careers interest you?

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

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

Application Questions

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

* 26. Why do you want to attend the Youth Leadership Forum (YLF)? What do you hope to learn by participating?

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

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

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

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

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

* 32. 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.



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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.

Click "Done" below to submit your application!