Participant Application

Alternate formats available upon request

Application Deadline: May 17, 2020

Tentative Weeks for Web Series:

June 21, 2020 - August 9, 2020

2020

Zooming with the North Carolina Youth Leadership Forum

**Welcome to Zooming with the North Carolina Youth Leadership Forum!**

**Tentative Weekly Schedule: June 21, 2020 – August 9, 2020**

**Supported by:** The North Carolina Statewide Independent Living Council

**Hosted by:** Youth LEAD NC

**Run by:** Young people, ages 15 to 30, with disabilities

The 2020 North Carolina Youth Leadership Forum Committee would like to thank you for your interest in Zooming with the North Carolina Youth Leadership Forum (NCYLF). In lieu of an in-person event, Zooming with the NCYLF will be a free eight week web series that will model online college life for youth with disabilities. Participants will be treated like college students.

Topics for webinars will focus on advocacy, individual goals, leadership, independent living skills, and making change in the community. In addition to the eight webinar trainings, bi-weekly small group hangouts will allow participants to dive deeper into the information covered in the webinars while getting to know one another. Participants will enjoy virtual recreational activities and have the opportunity to build friendships with others who share similar interests.

Interested in experiencing college life while social distancing? Please complete the following application and mail or email to the address below. If you have any questions, please feel free to contact us with any questions or concerns at ylfnc@live.com.

**Mail or email the application to:**

North Carolina Youth Leadership Forum

PO Box 90762

Raleigh, NC 27675

ylfnc@live.com

Eligibility

**To be eligible to apply for Zooming with the North Carolina Youth Leadership Forum, applicants must:**

**Check all that Apply:**

[ ] Have a disability

[ ] Be age 15 to 30 years of age

[ ] Have leadership experience or interested in gaining leadership skills

[ ] Live in North Carolina

**Are you NCYLF alumni?**

[ ]  Yes

[ ]  No

If so, what year did you attend NCYLF: \_\_\_\_\_\_\_\_

Approximately 20 youth and young adults will be selected.

**DEADLINE** for postmark on mailed application: **May 17, 2020 at 5:00pm.**

Applicants must complete ALL parts of this application.

General Information

|  |  |  |
| --- | --- | --- |
| Name :       | Date of Birth:       | Race/Ethnicity (optional):     Age:       |
| Parent/Guardian Name (if under age 18):       | Gender:      |
| Address:      | Preferred Contact Method:      |
| Mailing Address (if different from above):      |
| City:      | Zip Code:      | County:      |
| Email Address:      |
| Phone Number:      | Fax Number:      |
| Name of Current School/Workplace:      |
| Other Educational Experiences:High School:       Dates:        Post High School:       Dates:       Course of Study:        |

### Disability Information

 What is the name of your disability? Please include your diagnosis.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long have you been a person with a disability? (Date):

Please check **all** that apply (continued on next page):

 [ ]  **MOBILITY DISABILITY**

[ ]  Cerebral Palsy

[ ]  Juvenile Rheumatoid Arthritis

[ ]  Osteogenisis Imperfecta

[ ]  Multiple Sclerosis

[ ]  Muscular Dystrophy

[ ]  Spina Bifida

[ ]  Spinal Cord Injury

[ ]  Spinal Muscular Atrophy

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I use a manual wheelchair

[ ]  I use a motorized scooter

[ ]  I use a power wheelchair

[ ]  I use a walker

[ ]  I use crutches

[ ]  Other:

[ ]  **DEAF**

[ ]  Culturally Deaf

[ ]  Deaf

[ ]  I use American Sign Language

[ ]  I use Lip Reading

[ ]  I use an Assistive Listening Device

[ ]  Other:

[ ] **HARD OF HEARING** **HARD OF HEARING**

[ ]  I use American Sign Language

[ ]  I use Lip Reading

[ ]  I use an Assistive Listening Device

[ ]  Other:

[ ]  **LOW VISION**

[ ]  I read with Braille

[ ]  I read with Large Print

[ ]  I use my PC/MAC Software to read

 [ ]  Other:

[ ]  **BLIND**

[ ]  Legally Blind

[ ]  I read with Braille

[ ]  I read with Large Print

[ ]  I use my PC/MAC Software to read

[ ]  Other:\_\_\_\_\_\_\_\_\_\_

 [ ]  **DEVELOPMENTAL DISABILITY**

[ ]  Acquired Brain Injury

[ ]  Autistic

[ ]  Down Syndrome

[ ]  Epilepsy

[ ]  Traumatic Brain Injury

[ ]  Other:

[ ]  I use a daily assistant

[ ]  I use a facilitator

[ ]  I use a reader

[ ]  I use a writer

[ ]  Other:

[ ]  **MENTAL HEALTH**

[ ]  Anxiety

[ ]  Bipolar

[ ]  Depression

[ ]  Obsessive Compulsive Disorder

[ ]  Schizophrenia

[ ]  Other:

[ ]  **LEARNING DISABILITY**

[ ]  Attention Deficit Disorder

[ ]  Attention-Deficit Hyperactivity Disorder

[ ]  Dyslexia

[ ]  Visual Perception

[ ]  Other:

[ ]  I use a reader

[ ]  I use a writer

[ ]  I use specific PC/MAC Software

[ ]  **IMMUNE DISABILITY**

[ ]  Crohn’s Disease

[ ]  Grave’s Disease

[ ]  Multiple Sclerosis

[ ]  Psoriasis

[ ]  Rheumatoid Arthritis

[ ]  Other:

[ ]  **CHRONIC ILLNESS**

[ ]  Cancer

[ ]  Cystic Fibrosis

[ ]  Diabetes

[ ]  Fibromyalgia

[ ]  Heart Disease

[ ]  Other:

[ ]  **CHEMICAL ENVIRONMENTAL SENSITIVITY DISABILITY**

Please describe:

[ ]  **OTHER SPECIFIC DISABILITY**

Please describe:

Questions

Please respond to the following questions in no more than 5 sentences for each question. Responses can also be submitted in other formats, such as a video or a PowerPoint.

All entries should be submitted via email to ylfnc@live.com or mailed to:

North Carolina Youth Leadership Forum

P.O. Box 90762

Raleigh, NC 27675

Please contact if any assistance is needed to complete the application by contacting NCYLF via email at ylfnc@live.com.

1. Why do you want to participate in Zooming with the NCYLF? What strengths can you bring to Zooming with the NCYLF?
2. Describe how you feel about your disability. If you remember, how did you feel when you were first learned you had a disability? How do you feel about your disability now?
3. What are some of your future goals? How are you working to achieve them?
4. Please enter all of your involvement with your school and/or community within the last five years.

High School:       Colleges/Universities:

Clubs:       After-school Activities:

Employment:       Volunteering:

Faith Based Groups:       Youth Group:       Other:

Please make sure that you have responded to all the parts of the questions.

Any incomplete applications will not be considered for participation.

Web Accommodations

Zooming with the NCYLF is committed to being a program that is accessible to all. Please answer all questions as they apply.

Natural Support Contact: (This is someone who may be around the participant during the web series and wants to participate in our parent/natural support orientation.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to reliable internet? If no, NCYLF will work with its partners to find solutions for participants to access our web series while staying within the guidelines of social distancing. ­­\_\_\_Yes \_\_\_No

Do you have access to reliable transportation? Some of NCYLF’s partners may have additional computers and other technology at their offices. \_\_\_\_Yes

\_\_\_No

**Interpreters**

\_\_\_ American Sign Language \_\_\_Cued Speech \_\_\_Signed English

\_\_\_Oral \_\_\_Communication Access Real-Time (CART)

\_­\_\_Other (please provide details):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deaf/Blind Communication:**

 Tactile Haptics Close Vision

**Alternate Formats**

 Braille Large Print Electronic

Your Ideal Online Class Schedule

Similar to how college students get to choose their class schedule, we want to know the best times that you would be available to attend our eight week web series along with bi-weekly small group sessions and hangouts. Please rank the following days from 1 **being the day you are most available** to 7 **being the day you are the least available** to participate in the web series. Once participants are selected, we will send out a Doodle poll to finalize dates and times for when the most people are available.

 \_\_\_ Sunday

 \_\_\_ Monday

 \_\_\_ Tuesday

 \_\_\_ Wednesday

 \_\_\_ Thursday

 \_\_\_ Friday

 \_\_\_ Saturday

Please rate the following times from 1 **being the most convenient time** to 3 **being the least convenient time** for you to participate in the web series.

 \_\_\_ Late mornings (Ex. 10:00 AM – 12:00 PM)

 \_\_\_ Afternoons (Ex. 1:00 PM – 3:00 PM)

 \_\_\_ Evenings (Ex. 7:00 PM – 9:00 PM)

Guardianship/Foster Care

*What is Guardianship?* Guardianship is a legal relationship between an individual (the guardian) who has been given the legal authority and duty to make decisions on behalf of another individual.

Do you have a legal guardian? (*Check one*)

Yes \_\_\_\_ No\_\_\_\_\_ I don’t know \_\_\_\_\_

If yes, name of guardian and contact information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nighttime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in the foster care system? (*Check one*)

Yes \_\_\_\_ No\_\_\_\_ I don’t know\_\_\_\_

Participant Guidelines

**If selected, the following are guidelines that are expected from each participant who attends the Zooming with the NCYLF web series. If you agree with the following guidelines, please sign below before submitting the application.**

* Be respectful.
* Attend all webinars and small group hangouts unless there is notice of an excused absence communicated to your TA (peer mentor) at least 48 hours in advance.
* Actively participate on webinars, in small group hangouts, and during activities that are a part of the NCYLF web series.
* Communicate any accommodations needs or any difficulties with technology.
* **HAVE FUN!!!**

**I hereby agree to these guidelines and will follow them to the best of my ability if I am selected as a participant for the Zooming with the NCYLF web series.**

**Electronic signatures are accepted.**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

Thank you for your interest in the NCYLF! We will notify you soon of your application status!!