

*Alabama Governor's*  
**YOUTH LEADERSHIP FORUM**  
for high school students with disabilities

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**June 2-6, 2019**  
*Troy University*  
*Troy, Alabama*

What's included:

- About YLF
- How to Become a Delegate
- YLF Application Form
- Reference Forms (2)

Application deadline:  
*March 29, 2019*

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Sponsored by  
Alabama Department of Rehabilitation Services •  
Alabama Governor's Committee on Employment of People with Disabilities •  
Alabama Council on Developmental Disabilities • Troy University •  
Alabama Department of Mental Health

# about



## What is the Alabama Governor's Youth Leadership Forum (YLF)?

YLF is an innovative and intensive leadership program for high school students with disabilities throughout Alabama. With the implementation of the Americans with Disabilities Act (ADA), youth with disabilities have more opportunities to become contributing members and leaders in society. However, many challenges remain. YLF is designed to assist students with disabilities in developing leadership skills and using resources that can help them face such challenges and become full members of society. YLF 2019 will be June 2-6, 2019, at Troy University, in Troy, Alabama.

## Who may participate in YLF?

All high school students with disabilities who are enrolled in a secondary education program and are juniors or seniors OR between the ages of 18 and 21 may apply. Those who would like to develop their leadership potential and who participate in extracurricular and community activities and demonstrate the ability to interact well with others should submit applications. Approximately 30 students will be selected as delegates on a competitive basis. There is NO COST to the delegates to attend (including food, lodging, and any needed accommodations); however, delegates are responsible for their own transportation to and from Troy University.

## What happens at YLF?

- Youth with disabilities share their experiences with each other.
- Delegates learn about self-esteem, self-advocacy, career choice, independent living, and assistive technology.
- Successful adults with and without disabilities who are community leaders, legislators, and professionals share their knowledge on leadership.
- Delegates write a Personal Leadership Plan to help them become leaders in their communities.
- Delegates get involved in fun social activities such as a swim party, talent show, and dance.



# How to Become a Delegate

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## Am I eligible?

To be eligible for the Alabama Governor's Youth Leadership Forum, students must:

- have a disability (as defined by the Americans with Disabilities Act);
- be enrolled in a secondary education program
- be in the 11<sup>th</sup> or 12<sup>th</sup> grade (or between the ages of 18 and 21) as of Dec. 31, 2018;
- have demonstrated leadership potential in school and the community; and
- live in Alabama.

## How do I apply?

1. Complete the application form and send it to the selection committee no later than March 29, 2019.

Alabama Governor's Youth Leadership Forum  
602 S. Lawrence St.  
Montgomery, AL 36104

If faxing, send to 334-293-7385.

2. Have adults other than family members complete and return the reference forms.
3. Keep "About YLF" and "How to Become a Delegate" for your files.

*NOTE: Visit [www.rehab.alabama.gov/YLF](http://www.rehab.alabama.gov/YLF) to check the status of your application. This site will be updated frequently. No notices regarding application status will be sent out via mail.*

## How are delegates selected?

1. All applications and references will be reviewed by the selection committee. The students who are selected for YLF will be notified by mail on or before April 26, 2019.
2. Approximately 30 delegates will be selected to attend the forum. Additional detailed information on the forum will be provided to those selected to attend.
3. After being selected, delegates will be asked to fill out a confirmation form and provide additional information to the YLF Committee. If the YLF Committee does not receive confirmation by the date indicated, the delegate will no longer be eligible to attend YLF.

## How do I get more information about YLF?

Write the address above, call Karen Jenkins at 1-800-441-7607 (voice) or 1-800-499-1816 (TTY), or e-mail [YLF@rehab.alabama.gov](mailto:YLF@rehab.alabama.gov).



# YLF APPLICATION

PLEASE PRINT OR TYPE

## STUDENT INFORMATION

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Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Home telephone number (\_\_\_\_) \_\_\_\_\_

Sex M\_\_ F\_\_ Race \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

E-mail address \_\_\_\_\_

Cell phone number (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ County \_\_\_\_\_

Parent/legal guardian name (circle choice) \_\_\_\_\_

## SCHOOL INFORMATION

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Name of school \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ County \_\_\_\_\_

School telephone number (\_\_\_\_) \_\_\_\_\_

School grade \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

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## SCHOOL EXPERIENCE

Other schools attended \_\_\_\_\_

List any special awards, honors, or recognitions for academic, school, or community-related activities you have received from the 7<sup>th</sup> grade through the present \_\_\_\_\_

Please list the school classes you are currently enrolled in \_\_\_\_\_

## ORGANIZATIONS and ACTIVITIES

Please list school, volunteer, religious, social, athletic, or other activities or organizations in which you have participated during the last four years:

ORGANIZATION/ACTIVITY	GRADE IN SCHOOL	LEADERSHIP, RESPONSIBILITY OR INVOLVEMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

## CAREER INFORMATION

List any part-time job experience (paid or volunteer) and briefly describe your duties \_\_\_\_\_

Do you currently have a part-time job? Yes (\_\_\_) No (\_\_\_) How many hours per week? \_\_\_\_\_

Can you make job arrangements to attend the Youth Leadership Forum? Yes (\_\_\_) No (\_\_\_)

What are your plans upon exiting high school? \_\_\_\_\_

Is there a career field that you would like to learn more about? \_\_\_\_\_

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# GENERAL INFORMATION

1. Using a few phrases or adjectives, describe yourself. \_\_\_\_\_  
\_\_\_\_\_
2. What three things concern you most about your future? \_\_\_\_\_  
\_\_\_\_\_
3. Which of the items listed in the fact sheet under "What happens at YLF" interests you most?  
\_\_\_\_\_  
\_\_\_\_\_
4. What would you like to learn about the item(s) listed above? \_\_\_\_\_  
\_\_\_\_\_
5. What else would you like to tell us about yourself? \_\_\_\_\_  
\_\_\_\_\_
6. Why would you like to attend YLF? \_\_\_\_\_  
\_\_\_\_\_

# ADDITIONAL INFORMATION

In your own words, please describe your disability. This information will assist in assuring that we include delegates with a diversity of disabilities. \_\_\_\_\_  
\_\_\_\_\_

ONSET OF YOUR DISABILITY (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> AUTISM                          | <input type="checkbox"/> LEARNING DISABILITY          |
| <input type="checkbox"/> BLINDNESS                       | <input type="checkbox"/> MENTAL HEALTH DISABILITY     |
| <input type="checkbox"/> Visual disability               | <input type="checkbox"/> MULTIPLE DISABILITIES        |
| <input type="checkbox"/> I read Braille                  | <input type="checkbox"/> NEURO/MUSCULAR DISABILITY    |
| <input type="checkbox"/> I read with large print         | <input type="checkbox"/> ORTHOPEDIC DISABILITY        |
| <input type="checkbox"/> I need assistance with mobility | <input type="checkbox"/> I use a wheelchair           |
| <input type="checkbox"/> DEAFNESS                        | <input type="checkbox"/> I cannot walk long distances |
| <input type="checkbox"/> HARD OF HEARING                 | <input type="checkbox"/> I cannot walk up stairs      |
| <input type="checkbox"/> I use sign language             | <input type="checkbox"/> TRAUMATIC BRAIN INJURY       |
| <input type="checkbox"/> I use real-time captioning      | <input type="checkbox"/> OTHER DISABILITY _____       |
| <input type="checkbox"/> I use lip reading               | <input type="checkbox"/> Describe _____               |
| <input type="checkbox"/> I need interpreter services     |   |
| <input type="checkbox"/> Other _____                     |   |
| <input type="checkbox"/> DEVELOPMENTAL DISABILITY        |   |
| <input type="checkbox"/> Describe _____                  |   |

# DELEGATE SURVEY

Please complete the YLF survey and answer all questions. If needed, you may use a separate piece of paper and attach it to your completed application.

1. What do you consider to be your primary talents or strengths? \_\_\_\_\_

2. Comment on your relationships with your peers. \_\_\_\_\_

YLF SCALE	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>OUTSTANDING</span> <span>EXCELLENT</span> <span>GOOD</span> <span>AVERAGE</span> <span>POOR</span> <span>UNSURE</span> </div>					
	ABILITY TO WORK WITH OTHERS					
CHARACTER						
CONCERN FOR OTHERS						
CREATIVITY						
INITIATIVE <small>(willingness to complete tasks without being asked)</small>						
INTEREST IN COMMUNITY AFFAIRS						
LEADERSHIP						
MATURITY						
ORAL COMMUNICATION SKILLS						
PERSISTENCE AND DRIVE						
DESIRE TO WORK IN A GROUP						
RESPONSIBILITY						
INTEREST IN OR ABILITY TO SELF ADVOCATE						

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3. Do you have any additional information you would like to share with the review committee?

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1. Are you a consumer of the Alabama Department of Rehabilitation Services? Yes (\_\_\_) No(\_\_\_)  
Children’s Rehabilitation Service? Yes (\_\_\_) No (\_\_\_) Name of social worker \_\_\_\_\_  
Vocational Rehabilitation Service? Yes (\_\_\_) No (\_\_\_) Name of counselor \_\_\_\_\_
2. List the name(s) of your local newspaper(s) (hometown and other): \_\_\_\_\_  
\_\_\_\_\_
3. Name of state senator \_\_\_\_\_ District number \_\_\_\_\_
4. Name of state representative \_\_\_\_\_ District number \_\_\_\_\_
5. Did anyone assist you in completing this application? Yes (\_\_\_) No (\_\_\_) Please specify  
who: \_\_\_\_\_

## ATTENDANCE

One hundred percent attendance is expected of each participant. To make sure you do not have unavoidable conflicts, please compare your schedule with the program deadline dates on the “How to Become a Delegate” page before completing your application.

If selected, do you make a commitment to attend the entire forum? Yes(\_\_\_) No (\_\_\_)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

## REFERENCES

Two references are required. One reference must be from a person in your high school (a teacher, counselor, advisor, or the principal at your current school) and the second reference must be from an individual in your community (any adult who knows you well, other than a parent or relative — example: scout leader, church leader, service provider, other community leader, etc.). The two reference forms found on this application should be completed and returned by the adults making the references. If the two reference forms are not received by the date indicated, your application will be considered incomplete and will not be presented to the selection committee. **It is the responsibility of the applicant to follow up on the status of his or her application and to make sure all references have been received. Please go to [www.rehab.alabama.gov/YLF](http://www.rehab.alabama.gov/YLF) or call 334-293-7108 to check the status of your application.**



# YLF REFERENCE FORM #1

## TO THE APPLICANT Please TYPE or PRINT

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Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

The reference form should be returned by the person completing the form, not the applicant. The comments will be used for Alabama Governor's Youth Leadership Forum selection purposes only.

Permission: I hereby request that you complete and furnish this reference information to the Alabama Governor's Youth Leadership Forum.

Student or parent signature \_\_\_\_\_

## TO THE REFERENCE Please TYPE or PRINT

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The person named above is an applicant for the Alabama Governor's Youth Leadership Forum. The selection committee attaches considerable weight to the statements made by the references of the applicant. The committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help.

Please return this form by **MARCH 29, 2019**, to the Alabama Governor's Youth Leadership Forum, 602 S. Lawrence St., Montgomery, AL 36104.

Name of reference \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

Position/title \_\_\_\_\_

School/firm/organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

1. For how long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

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2. What do you consider the applicant's primary talents or strengths? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Comment on the applicant's relationships with his or her peers. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>YLF SCALE</b>						
	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
ABILITY TO WORK WITH OTHERS						
CHARACTER						
CONCERN FOR OTHERS						
CREATIVITY						
INITIATIVE <small>(willingness to complete tasks without being asked)</small>						
INTEREST IN COMMUNITY AFFAIRS						
LEADERSHIP						
MATURITY						
ORAL COMMUNICATION SKILLS						
PERSISTENCE AND DRIVE						
DESIRE TO WORK IN A GROUP						
RESPONSIBILITY						
INTEREST IN OR ABILITY TO SELF ADVOCATE						

4. Please comment generally on the applicant's ability to communicate with others, behavior in a group setting (participant or observer?), interest in community affairs, and potential for becoming a community leader. Attach an additional sheet, if necessary.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Reference

\_\_\_\_\_  
 Date

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# YLF REFERENCE FORM #2

## TO THE APPLICANT Please TYPE or PRINT

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Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

The reference form should be returned by the person completing the form, not the applicant. The comments will be used for Alabama Governor's Youth Leadership Forum selection purposes only.

Permission: I hereby request that you complete and furnish this reference information to the Alabama Governor's Youth Leadership Forum.

Student or parent signature \_\_\_\_\_

## TO THE REFERENCE Please TYPE or PRINT

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The person named above is an applicant for the Alabama Governor's Youth Leadership Forum. The selection committee attaches considerable weight to the statements made by the references of the applicant. The committee is mindful of the time necessary to prepare this reference and gratefully acknowledges your help.

Please return this form by **MARCH 29, 2019**, to the Alabama Governor's Youth Leadership Forum, 602 S. Lawrence St., Montgomery, AL 36104.

Name of reference \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

Position/title \_\_\_\_\_

School/firm/organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

1. For how long and in what capacity have you known the applicant? \_\_\_\_\_

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2. What do you consider the applicant's primary talents or strengths? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Comment on the applicant's relationships with his or her peers. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>YLF SCALE</b>						
	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
ABILITY TO WORK WITH OTHERS						
CHARACTER						
CONCERN FOR OTHERS						
CREATIVITY						
INITIATIVE (willingness to complete tasks without being asked)						
INTEREST IN COMMUNITY AFFAIRS						
LEADERSHIP						
MATURITY						
ORAL COMMUNICATION SKILLS						
PERSISTENCE AND DRIVE						
DESIRE TO WORK IN A GROUP						
RESPONSIBILITY						
INTEREST IN OR ABILITY TO SELF ADVOCATE						

4. Please comment generally on the applicant's ability to communicate with others, behavior in a group setting (participant or observer?), interest in community affairs, and potential for becoming a community leader. Attach an additional sheet, if necessary.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Reference**

\_\_\_\_\_  
**Date**

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