**DELEGATE APPLICATION**

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

Gender Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021/22 Grade:\_\_\_\_\_\_\_

T-Shirt size: SM MED LG XL XXL \_\_\_\_\_\_ (Additional size not listed)

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

Street/PO Box City State Zip

Phone # (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18 or not living independently:

Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) First MI Last

Parent/Guardian E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Please submit a letter of recommendation from an adult who you are not related to. (For example, a teacher, counselor, coach, mentor.)**

**The following information will be used to assign you to small groups. Please give as much data as possible. Use additional paper if needed.**

1. **Qualifications-** Explain why you feel you are qualified to be a delegate at this forum and please tell us why you want to attend.

2. **Leadership -** What does leadership look like to you? Have you influenced anyone with your leadership?

3. **Experiences as a Person with a Disability-** Describe two important experiences you have had as a young person with a disability.

4. **Extra-curricular/after school activities-** Do you have experience with extra-curricular/after school activities? Please explain.

5. **Short Term Goals - What are 1 or 2 goals you hope to accomplish in the next 6 months to 1 year?** Will you be going to school, working, living on your own?

6. **Long Term Goals - What are 1 or 2 goals you hope to accomplish in the next 1-3 years?** Will you be going to school, working, living on your own?

7. **What do you imagine your life being like 10 years from now?** Will you be going to school, working, living on your own?

**STUDENT INFORMATION PART I:**

**Disability Information:**

**Please tell us your primary disability** (for example: I am Deaf, or I have a neurological disorder).

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

**Are there other disabilities that you want to share? Other information that we should know?** (for example: I experience anxiety, or I use a communication device).

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**REQUEST FOR REASONABLE ACCOMMODATIONS** Describe your disability or medical condition and how it may require special arrangements. (*Check all appropriate boxes and give details.)*

**Reasonable accommodation request**. Please tell us what kind and how we can help to communicate with you (example: I have low vision and need large print (Font 22) to access information, or I have a learning disability and I need materials read out loud when I get written assignments.)

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**\*NOTE: We will provide whatever appropriate assistance you request in advance to accommodate your disability.**

**PART II: MEDICAL INFORMATION**

Medical

Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Name Address City*

Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Name Area Code Telephone*

**Person to notify in case of medical emergency:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Address City Zip*

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Area Code Telephone*

Are you currently under a doctor's care? If yes, please

explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking any medications? If yes, what kind and what

amount?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ I manage my medication independently (without reminders, etc.)

▢ I need assistance managing my medication (ie: reminders, supervision, dosage) Please list any medications you are allergic to:

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Please list any food allergies or food preferences you may have: (ie: gluten free, peanut allergies, vegan)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PART III: MISCELLANEOUS INFORMATION**

If there is any additional information you feel we should know, please

specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURES REQUIRED BELOW:** We understand that each student delegate is responsible for any loaned property used during this Forum and for damages to the Forum facilities. We understand that each student delegate will return loaned property in condition lent and is responsible for any damages. We also understand that each student delegate is responsible for abiding by the rules and guidelines of the CO-YLF I, as parent/guardian, authorize medical professionals of the Colorado Youth Leadership Forum to act on my behalf in case of a medical emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Signature of Parent/Guardian Date*

( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Area Code Day telephone Area Code Night telephone*

I understand that I must abide by the ***"Rules and Guidelines for Student Delegates"*** and that any serious violation of the rules may result in me being sent home at my parents'/guardians' expense.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Signature of Delegate Date*

**RULES OF CONDUCT FOR COLORADO YOUTH**

**LEADERSHIP FORUM**

**Youth, referred to as Delegates, are selected to attend Colorado Youth Leadership Forum based upon their leadership potential and skills. Delegates are expected to conduct themselves accordingly, and must:**

❏ Be punctual and follow the scheduled program. Attendance at all sessions is mandatory. You must remain online with your assigned group at all times.

❏ Maintain a respectful attitude toward peers, presenters, and CO-YLF staff.

❏ Respect the facilities if meeting in a hybrid setting (maintaining the condition of dormitory rooms and all other areas). Participants will be charged for property damage they cause, and for lost room keys or linens, etc.

❏ When not in assigned groups, Delegates may socialize in common Zoom room or by using approved features.

If attending at a hybrid location: All other campus residence halls, hotel rooms, and facilities are off limits. Visitation in common areas is allowed, when scheduled and supervised.

❏ Possession or use of alcohol, tobacco, or illegal substances is strictly prohibited. *(Prescription or approved medications require documentation. Medication reminders and requested accommodations will be provided.)*

❏ Headsets, radios, electronic devices, and cellular phones outside of connecting for meeting attendance are NOT permitted during scheduled CO-YLF activities. Use of such items will only be permitted during designated breaks, unless they have been identified as an accommodation.

If attending at a hybrid location: An emergency telephone number will be provided to Parents/Guardians/identified Supporters.

❏ Participate in one year of mentoring following graduation, and respond to questionnaires and surveys regarding CO-YLF, and post-CO-YLF mentoring experiences, as requested.

❏ If attending at a hybrid location: participants are required to stay on campus for the duration of the forum and not leave campus outside of programming.

**Delegate Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any violations of these rules will result in Delegates being sent home immediately at the expense of themselves or their parent/guardian. Your application to Colorado Youth Leadership Forum confirms your acceptance of these rules. Remember the responsibility that goes with the honor of being selected to CO-YLF... and plan to have a great time!**

Colorado Statewide

Independent Living Council

1-303-902-5897

silcylf@coloradosilc.org