

Delegate Application

Thank you for taking the time to complete this 2023 Colorado Youth Leadership Forum Delegate Application. In order for us to consider your application, you will need to complete this application for review. Once completed, our selection team will reach out to schedule an interview. If you have concerns, or questions, or wish to discuss reasonable accommodation requests, please reach out to coordinator@coloradosilc.org

Name of applicant (First M Last): _____

Phone number (____) ____ - ____: _____

Email: _____

Address: Street/PO Box, City, State, ZIP:

Please describe yourself, so we can get to know you better.

What is your current age?: _____

Where do you reside? (With family, licensed group home, with roommates, etc.) :

Gender Preference (How do you choose to identify yourself?: _____



Highest level of education completed: _____

Are you receiving services from vocational agencies or resource agencies? These can include Division of Vocational Rehabilitation (DVR), School To Work Alliance Program (SWAP), Centers for Independent Living (CILs), Workforce Centers, and others. :

T-shirt size: _____

Will you need transportation to/from the event? _____

If under 18 or not living independently:

Please complete this section if you are under the age of 18 or if you are not living independently (i.e. you live at home with your parent(s)/guardian(s), your parent(s)/guardian(s) make legal decisions for you even if you are over 18). Please put N/A in the answers if this does not apply to you.

Name of parent/guardian: _____

Parent/Guardian Email: _____

Parent/Guardian phone number (____)____-____: _____



Please provide as much information as possible. If you are chosen for this year's YLF, The following information will be used to assign you to small groups. Please give us as many details as possible.

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

Leadership: What does leadership look like to you? Have you influenced anyone with your leadership?



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

Extra-curricular/after school activities: Do you have experiences with extra-curricular/after school activities? Please explain.



Short-term Goals: What are 1-2 goals you hope to accomplish in the next 6 months- 1 year? (Will you be going to school, working, living on your own?)

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

Disability Disclosure Information and Reasonable Accommodations Request

Please share information with us so we can appropriately support you while you attend the YLF.

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



Do you have other disabilities that you want to share? Is there other information we should know (For example: I also have a physical disability and use a wheelchair, or I experience anxiety, or I use a communication device.)

REQUEST FOR REASONABLE ACCOMMODATIONS: Please describe your disability or medical condition and how it may require special arrangements. Please tell us what kind and how we can you access the Forum (For example: I have low vision and need large print (Font 22) to access print materials, or I have a learning disability and need printed text read out loud when I get written assignments.) Please provide as many details as possible. *Note: We will reach out prior to the YLF to discuss your request for accommodations. (If you don't have any reasonable accommodations requests, please leave blank.)



Medical information

Please provide the following medical information to ensure safety during the forum

Medical Plan: Name, Address, City, Phone #

Policy Holder: _____

Policy Number: _____

Primary/Family Physician: Name, City, Area Code

Physician Phone Number: _____

Are you currently under doctor care? If yes, please explain.

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



Do you manage your medications independently: (without reminders, supervision for dosage etc.)

Please list any medications you are allergic to:

Please list any food allergies, sensitivities, or preferences you may have (i.e. gluten free, peanut allergies, vegan):

Person to notify in case of medical emergency:

Name: _____

Relationship: _____

Address (Street, City, Zip): _____

Phone: _____



If there is additional information you feel we should know, please let us know here:



Code of Conduct

Youth, known as Delegates, are selected to attend the Colorado Youth Leadership Forum based on 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**
- Maintain a respectful attitude toward peers, presenters, and YLF staff**
- Respect the facilities**
- When not assigned groups, Delegates may socialize in common areas but not to leave premises without permission**
- Participate in one year of mentoring following graduation and respond to questionnaires and surveys regarding YLF and post-YLF mentoring experiences, as requested.**
- Participants are required to stay on campus for the duration of the event and not leave campus outside of scheduled programming.**



Parent/Guardian: We understand that each student delegate is responsible for any loaned property used during this Colorado Youth Leadership Forum (YLF) and for damages to any YLF facility used. 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 YLF. I, as parent/guardian, authorize medical professionals of the YLF to act on behalf in case of a medical emergency.

Signature/date: _____

Student Delegates: I understand that I must abide by the "Rules of Conduct for Colorado Youth Leadership Forum" and that any serious violation of the rules may result in me being dismissed from the YLF at my or my parent(s)/guardian(s)' expense.

Signature/date: _____

