

YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES (YLF)

APPLICATION FORM FOR ONSITE VOLUNTEERS

Name: _____ Position: _____
first last *Desired*

Mailing Address _____
Email address _____

Business telephone () _____ Home telephone () _____
FAX number () _____ YLF Alumni _____ Year _____

- Qualifications for Position Desired:
1. Education (last grade completed or degree) _____
 2. Profession and current employer _____

 3. Other special skills _____

Please briefly state why you would like to serve as a YLF volunteer staff _____

List special housing needs _____

List any other needs/accommodations you would require onsite _____

Please specify your disability(ies) _____

Please provide a personal reference (name + telephone number) _____

Have you served as a YLF staff member before? No Yes Year(s): _____

I understand the requirements of the volunteer position for which I am applying, accept the responsibilities of the position, and agree to respect the YLF rules.

Signature _____ Date _____

Social Security Number _____ I have attached a current resume.