

YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES (YLF)

APPLICATION FORM FOR MEDICAL STAFF

Name: _____		Position: _____	
<i>first</i>		<i>last</i>	
Mailing Address _____			
		Email address _____	
Business telephone () _____		Home telephone () _____	
FAX number () _____		YLF Alumni _____ Year _____	
Qualifications for Position Desired			
1. Education (last grade completed, degree or license) _____			
2. Profession and current employer _____ _____			
3. Other special skills _____			
Please briefly state why you would like to serve as a YLF staff _____ _____			
List special housing needs (onsite staff only) _____ _____			
List any other needs/accommodations you would require onsite _____ _____			
Please specify your disability _____			
Please provide a personal reference (name + telephone number) _____			
Please attach a resume and one professional letter of reference. <i>I understand the requirements of the volunteer position for which I am applying. I also accept the responsibilities of the position and agree to respect the YLF rules.</i>			
Signature		Date	