

Wisconsin Youth Leadership Council

Making Transition Connections for Youth with Disabilities

Application for Membership

*If you need the information on this application in a different format, please contact
Kay Fitzgerald at CESA 11, 715-980-2020.*

Section I: Biographical Information

Name: _____

Gender: Female Male Date of Birth: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

County: _____

What is the best way to contact you?

Phone: _____

Email: _____

Name: _____

The following information will remain confidential and will only be used to insure that our participants represent diverse backgrounds and disabilities.

To be an eligible applicant, you must be able to answer YES to the following question:

1. Are you between the ages of 18 to 28 or are you a senior in high school?

Yes No

If YES what is your age? _____

If you have answered YES to #1, please answer the following questions.

2. Have you graduated from high school?

Yes No

3. What is the name of your disability? _____

4. Please describe the impact/effect your disability has on your life.

5. Do you use alternative communication formats?

Yes No

Please tell us what formats you use: _____

6. Please state your areas of experience/expertise around youth leadership.

Name: _____

7. To which race/ethnicity do you belong? [Check all that apply]

- African American Hispanic Caucasian
 Asian Native American/AK Native Pacific Islander
 Other [please describe]: _____

8. How would you describe the area where you live?

- Urban Suburban Rural

9. Have you ever attended any youth leadership events?

- Yes No

If yes, please describe: _____

10. Are you currently a student? Yes No

- 4 Year College 2 Year College
 Trade, Technical or Business School
 Other [please describe]: _____

Career Interest/Major: _____

11. Are you currently employed? Yes No

Job Title: _____

Do you work: _____ full time _____ part time

12. How do you want to get information?

- E-mail Hard copy by snail mail Telephone

13. Do you have regular access to e-mail? Yes No

If yes, how often do you access it?

- Daily Weekly Monthly

Name: _____

14. How did you hear about the WSTI Youth Leadership Council (YLC)?

_____ Word of mouth

_____ WSTI website

_____ Teacher

_____ WI Transition Conference

_____ Other specify

15. Did anyone assist you with filling out this application for disability reasons?

Yes

No

If yes, please give the following information.

Name of support person: _____

Relation to the applicant [e.g., parent, friend]:

Section II: Essays

All applicants please answer essay questions # 1 through 5. Limit your answers to no more than one page per question, 14-point font double-spaced. If you can access a computer please type your answers in the space provided. Otherwise, please write as legibly as possible.

Name: _____

1. What do you feel is a problem or issue facing youth with disabilities? What are possible solutions and what could be your role as a youth leader in this solution?

Name: _____

2. List and briefly explain any activities you have been involved in (school or community) and any honors or awards you have received. Feel free to include any future plans or activities (be specific in explaining how they relate to leadership and / or disability).

Name: _____

3. What one experience do you feel demonstrated your best leadership skills and abilities? Why was this experience different? What leadership traits did you display and how did you use them? How did the group respond to your leadership and what were the results?

Name: _____

4. Explain a time when you had to advocate for yourself. What was the obstacle? How did you overcome it by advocating for yourself?

Name: _____

5. What talents/skills/experiences can you bring to the Youth Leadership Council? How do you plan to take your experiences on the Youth Leadership Council back to your home community?

Section III: Signature

This application was completed to the best of my ability. All information about me is truthful and factual to the best of my knowledge. I completed this application on my own and/or with the assistance of the support person identified above. By signing this application, I agree to passionately support the mission of the WSTI YLC and participate in activities to achieve their goals.

Signature of Applicant

Date

Signature of Support Person if Used


Date

SEND YOUR COMPLETED APPLICATION PACKET TO:

By Mail 

Caroline Leung
YLC Coordinator
CESA #2
448 East High Street
Milton, WI 53563

By FAX
608-868-6891
Attn: Caroline Leung

By E-Mail 

Address:
cleung@cesa2.k12.wi.us
Send your application and letters of support in either of the following formats.

- Word
- PDF

In the subject line of your e-mail, type: "YLC Application"