



Volunteer Staff Application Form

Please read all instructions. Please fill out the entire application marking sections that do not apply appropriately. **The application deadline is April 1, 2016.** *There is a fixed number of volunteer staff positions. YLF Alumni are encouraged to get their application in as soon as possible.* Applications must be returned to:

Karen Jenkins
602 South Lawrence Street
Montgomery, AL 36104

For additional Information
Contact Karen Jenkins
1-800-441-7578
karen.jenkins@rehab.alabama.gov

VOLUNTEER STAFF APPLICATION

Staff Dates: Friday, June 3, 2016 through Thursday, June 9, 2016

NAME: _____ Date: _____

Mailing Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Telephone (cellular): _____ Telephone (work) : _____

You will be given a YLF t-shirt to wear during the week. Please indicate size needed: _____

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Applicant YLF Status Check All that apply:

____ New Staff Applicant

____ YLF Alumini, if checked year attended YLF _____

____ Former YLF staff member, if checked year(s) on staff _____, _____, _____, _____.

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If you are a staff member who has a disability or medical condition, please list your disability or medical condition below and describe any accessibility or accommodation needs required during the week.

Since most equipment will be rented for the week, failure to state equipment required for accommodations (ie wheelchair, shower chair, etc) may lead to those accommodations not being available during YLF.

[Use the back of this page if necessary. Response required even if it is non-applicable (N/A).]

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Medical Information

Medical Plan: _____
Name Address City

Policy Holder: _____ Policy Number: _____

Family Phsician: _____ (_____) _____
Name Area Code Telephone

Person to notify in case of an emergency (please provide two names):

Name: _____ Relationship: _____

Address: _____
City State Zip Code

Telephone Number:(_____) _____ Cell Phone Number: (_____) _____
Area Code Area Code

Name: _____ Relationship: _____

Address: _____
City State Zip Code

Telephone Number:(_____) _____ Cell Phone Number: (_____) _____
Area Code Area Code

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

Are you currently taking any medications? If yes, please list medication(s) and explain:

Please list any medication(s) you are allergic to:

Do you have any **special dietary needs**? Yes No If yes, please specify: _____

Please share any additional medical information that you feel would be beneficial to a doctor in case of an emergency.

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Background Check Information

Social Security Number _____

Birthday: _____

The above information will only be used to do a criminal background check as required by Alabama State laws pertaining to volunteers who work with minors. By signing below you give the YLF Steering Committee permission to conduct the background checks as necessary for your participation in the 2016 YLF.

Signature: _____

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EDUCATION

High School: _____ Dates: _____ Course of Study: _____

Institution: _____ Dates: _____ Course of Study: _____

Institution: _____ Dates: _____ Course of Study: _____

Troy University Students: Will you be registered for classes during Session “A” Summer Term 2016?
__ yes __ no *If yes please attach your proposed class schedule.*

Are you planning to register for RHB 9920 Youth Leadership Forum: Practicum (3 sem hrs) during
Session A of Summer term 2016? ____ Yes ____ No

*Troy students will have a (2 sem hr) mandatory pre-training course in April 2016. Meeting notice will be posted in the
Department of Human Services and Social Work and the College of Education.*

WORK HISTORY

Employer: _____ Dates: _____ Position: _____

Employer: _____ Dates: _____ Position: _____

EXPERIENCE WITH INDIVIDUALS WITH DISABILITIES (include any previous YLF experience)

WHAT DISABILITY DO YOU FEEL MOST COMFORTABLE WORKING WITH?

COURSES OR TRAINING PERTAINING TO PEOPLE WITH DISABILITIES?

SPECIAL INTEREST, TALENTS AND ABILITIES

REFERENCES (please list three, include telephone number)

1. _____ Telephone: _____

2. _____ Telephone: _____

3. _____ Telephone: _____

