

North Carolina Youth Leadership Forum

Delegate Application



2023

EXTENDED Deadline: May 12, 2023
Delegate YLF Dates: July 16-19, 2023

**Alternate formats of this application are
available upon request**

Name of Applicant: _____

North Carolina Youth Leadership Forum

Held at North Carolina State University

July 16-19, 2023

Supported by: The TELUS North Carolina Community Board, Entwistle Family Foundation, North Carolina Statewide Independent Living Council, NC Centers for Independent Living, and North Carolina Council on Developmental Disabilities

Organized by: Youth LEAD NC and the 2023 Youth Leadership Planning Committee

What is an YLF?

The North Carolina Youth Leadership Forum (NCYLF) helps to foster emerging youth and young adult leaders between 15 and 30 years old, teaching them to advocate in each of their communities. Unlike a “camp,” the Youth Leadership Forum focuses its activities on developing leadership skills throughout the week. Once you graduate from an YLF, you become part of an alumni network of other young leaders across the United States.

This event has a focus on supporting today’s young people in their transition process. This can include transitioning from high school to college, college to work, moving out of parents home, or any other transition phase that may be taking place.

NCYLF is a fully accessible event, free of charge to all participants. NCYLF provides all requested accommodations, such as personal care attendants, certified nursing assistants, and interpreters. This experience is aimed at empowering, skill strengthening, and evolving the future generation of disability rights leaders. Though fun and engaging activities, NCYLF builds young leaders while enabling them to experience independence and find their voice as advocates.

Mail or email the application to (Please email us to let us know that you are snail mailing your application, so we can look out for it!):

North Carolina Youth Leadership Forum
P.O. Box 90762
Raleigh NC 27675
meredith@youthleadnc.org

Approximately 15-20 youth and young adults will be selected.

DEADLINE for postmark on mailed application: **May 12, 2023.**

Applicants must complete ALL parts of this application.

Alternate formats of this application are available upon request.

NCYLF, P.O. Box 90762, Raleigh, NC 27675
(P) (919) 213-0020, meredith@youthleadnc.org

Name of Applicant: _____

Part A

General Information

Name :	Date of Birth:	Age:
		Race/Ethnicity (optional):
Parent/Guardian Name (if under age 18):	Gender:	Pronouns (he/him, she/her, they/them):
Address:	Preferred Contact Method: <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____	
Mailing Address (if different from above):		
City:	Zip Code:	County:
Email Address:		
Phone Number:	Alternate Phone Number:	

How many times have you applied for the NCYLF? (Check one)

First Time Applicant Repeat Applicant

If Repeat Applicant, what year(s) did you apply: _____

Have you attended the NCYLF virtually? (NCYLF alumni who have attended the forum virtually are welcome to apply, but preference will be given to those who have not attended the event.)

Yes, year(s) attended: _____ No

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Name of Applicant: _____

Part B Disability Information

What is the name of your disability/disabilities? _____

What accommodation(s) do you receive (examples: personal care assistant, sign language interpreter, communication device, Braille, large print, or accommodations in school)?

Please check **all** that apply (continued on next page):

AUDITORY

- Hard of Hearing
- Deaf

COGNITIVE

- Asperger's Syndrome
- Autism
- Down Syndrome
- Intellectual Disability
- Learning Disability (reading, writing, math)
- Traumatic Brain Injury

MENTAL HEALTH

- Anxiety
- Attention Deficit Hyperactivity Disorder
- Bipolar
- Depression
- Obsessive Compulsive Disorder
- Post-traumatic Stress Disorder
- Schizophrenia

VISUAL

- Blind
- Low Vision

PHYSICAL

- Amputation
- Cerebral Palsy
- Dwarfism Type: _____
- Muscular Dystrophy
- Osteogenesis Imperfecta
- Spina Bífida
- Spinal Cord Injury
- Spinal Muscular Atrophy

SYSTEMIC

- ALS
- Cancer
- Crohn's Disease
- Cystic Fibrosis
- Diabetes
- Epilepsy
- Fibromyalgia
- Grave's Disease
- Heart Disease
- HIV/AIDS
- Multiple Sclerosis
- Parkinson's
- Psoriasis
- Rheumatoid Arthritis

OTHER: _____

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Name of Applicant: _____

Part C Questions

Please respond to the 5 questions. Be creative! Responses can be submitted via the following formats:

- Typed
- Handwritten
- Email/PowerPoint
- Videotaped
- Song/Rap
- Poem/Spoken Word
- Whatever works for you!

All entries should be submitted via email to meredith@youthleadnc.org or mailed to:
North Carolina Youth Leadership Forum
P.O. Box 90762
Raleigh, NC 27675

Please complete in no more than 5 sentences per question. Please contact if any assistance is needed to complete the application by contacting NCYLF via email/phone at meredith@youthleadnc.org, 919-213-0020.

1. Why do you want to come to the NCYLF? What strengths can you bring to the NCYLF?
2. Describe how you feel about your disability. If you remember, how did you feel when you were first learned you had a disability? How do you feel about your disability now?
3. What do you hope to gain from attending the 2023 NCYLF?
4. What are some of your future goals? How are you working to achieve them?
5. Please enter all of your involvement with your school and/or community within the last five years.

High School:

Clubs:

Employment:

Faith Based Groups:

Other:

Colleges/Universities:

After-school Activities:

Volunteering:

Youth Group:

Please make sure that you have responded to all the parts of the questions.

Any incomplete applications will not be considered for participation.

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Name of Applicant: _____

PART D Expectation Agreement

If selected, the following are guidelines that are expected from each delegate that attends the NCYLF during July 16-19, 2023. I agree to follow all North Carolina State University residential guidelines and regulations pertaining to my participation in the North Carolina Youth Leadership Forum. If you agree with the following guidelines, please sign below before submitting the application.

- Be respectful
- Attending all dates and times of events
- No drugs or alcohol
- Stay with group or staff through the duration of the NCYLF
- I understand this is a leadership forum, not a camp! I am coming to learn new skills and actively participate in all the NCYLF activities to the best of my abilities
- **HAVE FUN!!!**

I hereby agree that the above information may be used to do a criminal background check for the safety of myself and other participants. My thoughts and ideas are reflected in this application. If I needed assistance with completing my application, I have asked someone to help me.

Electronic signatures are accepted.

Applicant Signature: _____

Date: _____

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Name of Applicant: _____

Emergency Contact Form

Name of Applicant: _____

Date of Birth: _____ Date of Forum: _____

Home Address: _____

City: _____ State: _____ Zip: _____

In case of an emergency, we must be able to contact you. Please list a home, cell, and work phone number where you could be reached.

Emergency Contact's Name: _____

Home# (____) _____ Cell# (____) _____

Work# (____) _____

Please list an alternate name in case emergency contact cannot be contacted.

Name: _____ Phone: (____) _____

All of the information below must be completed in full.

Allergies known (foods, drugs, and insects):

List medical concerns or conditions we should know about (epilepsy, asthma, diabetes, old injuries to bones/joints, etc.):

Medications currently taking (list medication, dose and frequency):

Date of last tetanus booster: _____

Physician: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

CONSENT FOR TREATMENT and RELEASE OF INFORMATION

I, the undersigned participant _____, hereby give permission to the physicians and attendant staff of North Carolina State University Student Health Service, or if it becomes necessary to an off-campus physician or hospital, to perform such diagnostic, therapeutic or surgical procedures as deemed necessary.

I authorize NCYLF coordinators to sign any form, on my behalf, that acknowledges my responsibility for my or the participant's medical bills as set out in this agreement, including without limitation the Billing and Acknowledgment form used by North Carolina State University Student Health Services and any billing acknowledgment forms used by a private medical service provider.

I authorize release of my medical information to an outside health professional when a referral is necessary. In addition, I authorize release of medical information to an insurance company, or intermediary for payment of incurred charges.

Signature: _____ Date: _____

(If under 18) Parent/Legal Guardian Signature: _____ Date: _____

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Name of Applicant: _____

Release and Indemnity Agreement and Acknowledgement of Risk

Youth LEAD NC (LEAD) in partnership with North Carolina State University (NCSU), as well as the staff and volunteers of the North Carolina Youth Leadership Forum (NCYLF), are dedicated to making the NCYLF a safe and fun event for all participants. We have carefully considered the risks, including any additional or unique risks which may arise for any delegate, staff, or volunteer who may attend.

I acknowledge that the NCYLF activities may involve a degree of risk of injury which cannot be eliminated and may be inherently dangerous, and the degree of risk may vary depending upon the abilities of the participant, the activity, and its location. I acknowledge, accept and assume all risks which may be involved with the individuals participating in the activities of the NCYLF, on the property of NCSU or elsewhere.

I release, discharge, and hold harmless and agree to indemnify the LEAD, NCYLF and NCSU, its governing board, agents, volunteers, and employees from any and all liability, claims, actions, costs and expenses which may arise from any injury or harm which the participant may suffer, whether bodily or property, while or as a result of attending the NCYLF. I further agree to not file suit, pursue any claim, or participate in any legal action against the LEAD, NCYLF and/or NCSU, its governing board, agents and employees.

I understand and agree that by this Agreement and Release I am giving up my right to sue the LEAD, NCYLF, or NCSU, its governing board, agents, volunteers, and employees for injuries, damages or losses that may occur. I also understand that this Agreement and Release extends to and binds my heirs, executors, administrators, and assigns.

I have read this entire Agreement and Release, and I understand it and agree to be legally bound by it.

Applicant Initials: _____ Date _____

Parent/Legal Guardian Initials: _____ Date _____

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Name of Applicant: _____

Release for Healthy Relationship Discussion

(Only needed in case of under 18 years old)

I, legal guardian of (applicant name) _____ am aware and have been informed that the NCYLF will be having a healthy relationship discussion. The topics that will be discussed are to educate and make the youth aware of risks that are related to relationships.

Please check one of the options found below:

_____ I **approve** of my youth participating in the healthy relationship discussion

_____ I **do not approve** of my youth participating in the healthy relationship discussion.

Applicant Initials: _____ Date _____

Parent/Legal Guardian Initials: _____ Date _____

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Name of Applicant: _____

North Carolina Youth Leadership Forum Media Release

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A PARTICIPANT FOR NON-PROFIT USE

(E.g. educational, public service, or health awareness purposes)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the participant named above. I also grant the North Carolina Youth Leadership Forum the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release the North Carolina Youth Leadership Forum, members, mentors, and affiliated organizations from all claims, demands, and liabilities whatsoever in connection with the above.

Applicant Initials: _____ Date _____

Parent/Legal Guardian Initials: _____ Date _____

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Name of Applicant: _____

Release and Indemnity Agreement and Acknowledgement of Risk

I acknowledge that I have read and understand all of these releases and have initialed for all agreements.

Applicant signature: _____

Date: _____

Parent/Legal Guardian signature: _____

Date: _____

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Name of Applicant: _____

Medications

Prescription Medication Information Only—(over the counter meds on next page)

1) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage/Frequency: _____

How Administered: _____

Dr. Prescribing/phone #: _____

2) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage/Frequency: _____

How Administered: _____

Dr. Prescribing/phone #: _____

3) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage/Frequency: _____

How Administered: _____

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Name of Applicant: _____

Dr. Prescribing/phone#: _____

4) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage /Frequency: _____

How Administered: _____

Dr. Prescribing/phone#: _____

5) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage/Frequency: _____

How Administered: _____

Dr. Prescribing/phone #: _____

***Attach additional pages as needed. Please include all of the above information for each medication listed.**

What side effects might be associated with these medications that might affect involvement at NCYLF?

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Name of Applicant: _____

Over the Counter Medications, Vitamin Supplements, Over the Counter Topical**

1) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage/Frequency: _____

How Administered: _____

2) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage/Frequency: _____

How Administered: _____

3) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage/Frequency: _____

How Administered: _____

4) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

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Name of Applicant: _____

Dosage/Frequency: _____

How Administered: _____

5) Name of Drug: _____

Is Assistance needed: _____

Indication for Use: _____

Dosage/Frequency: _____

How Administered: _____

***Attach additional pages as needed. Please include all of the above information for each medication listed.**

What side effects might be associated with these medications that might affect involvement at NCYLF?

Durable Medical Equipment

The NCYLF does not recognize durable medical equipment as a reasonable accommodation; therefore we do not provide any durable medical equipment (this includes power chair, manual chair, cane, walker, crutches, ventilators, scooter, etc.). We are not responsible for repairs or maintenances on durable medical equipment during the week of the NCYLF.

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Name of Applicant: _____

Will you be bringing a wheelchair or other mobility device with you? Yes
 No

If yes, what kind? Please check all that apply.

Power chair Manual chair Walking Cane
 Walker Crutches Ventilators
 Scooter White Cane Other

*NCYLF will have shower chairs available. Please mark below if you would want to use the NCYLF equipment.

Shower Benches Shower Chairs Sliding Shower Chair
 Rolling Toileting and Shower Chair

Will you be bringing any other durable medical equipment with you such as mobility devices or other equipment? Yes No If yes, what kind?

*The North Carolina Youth Leadership Forum, its committee, staff and other involved parties are not responsible for any personal belongings including but not limited to durable medical equipment.

Personal Care Services

Will you need a personal care attendant? Yes No

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Name of Applicant: _____

If yes:

- What time of day and for how long? _____
- Lifting assistance, and how much? _____
- Transfer assistance, and what type of transfer? _____
 - One person transfer? Yes ___ No ___
 - Two person transfer? Yes ___ No ___
- Will you need a Hoyer lift?
Yes ___ No ___

Do you need bathroom assistance? _____ Yes _____ No

If yes, please provide detailed instructions: _____

Do you need bathing assistance? _____ Yes _____ No

If yes, please provide detailed instructions: _____

Do you require meal assistance? _____ Yes _____ No

If yes, please provide detailed instructions: _____

Do you need help getting dressed? _____ Yes _____ No

If yes, please provide detailed instructions: _____

Do you need assistance with medication intake _____ Yes _____ No

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Name of Applicant: _____

If yes, please provide detailed instructions: _____

Parking

Will you need a parking pass for the week of the YLF?

Yes _____ No _____ Accessible Placard  _____

(****You will not need one if you will be dropped off and picked up, only if you will have a vehicle that stays on campus the duration of YLF.)

Other

Do you have any dietary restrictions? (i.e.: gluten-free, allergies (peanut allergies), vegetarian, vegan, diabetic, specific regimens, etc.)

Do you need a refrigerator for medical necessity? _____ Yes _____ No

If yes, please provide detailed instructions: _____

Is there anything else we should know about you?

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Name of Applicant: _____

Guardianship

What is Guardianship? Guardianship is a legal relationship between an individual (the guardian) who has been given the legal authority and duty to make decisions on behalf of another individual.

1) Do you have a legal guardian? (*Check one*)

Yes ____ No ____ I don't know ____

If yes, Name of guardian and contact information:

Name: _____

Daytime #: _____ Nighttime #: _____

Email: _____

Address: _____

In case of an emergency, this form will assist us in knowing who will be making decisions for medical emergencies. The emergency contact listed on the emergency contact/medical information form will be the first contacted in case of an emergency, and then the guardian listed here.

2) Do you have a guardian for medical and healthcare decisions? (*Check one*)

Yes ____ No ____ I don't know ____

If yes, Name of guardian and contact information (please write again even if it is the same person):

Name: _____

Daytime #: _____ Nighttime #: _____

Email: _____

Address: _____

Alternate formats of this application are available upon request.

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