



**Washington State Youth Leadership Forum (YLF) for High School Students with Disabilities**

**Location: Eastern Washington University, Cheney, WA**

**July 25 – 31, 2020**

**(Counselors and staff will report on July 24th)**

**Application for YLF Volunteer Counseling Staff**

**Due Date – June 1, 2020**

**Peer Counselor Application**

Youth Leadership Forum will select up to six Peer Counselors on a competitive basis. Peer Counselors must be 18 years of age but no more than 21 years of age as of July 25, 2020. Peer Counselors must be enrolled in high school or a transition program, as defined under the Rehabilitation Act. Peer counselors must have previously attended YLF as a delegate.

**Applicants will be notified by June 10, 2020, of their selection as a Peer Counselor.** Peer counselors will participate in the Work-Based Learning Paid Experience funded by the Washington Division of Vocational Rehabilitation, receiving 40 hours of pay. Peer Counselors will be required to pass a Washington State Background investigation and complete CPR and First Aid training (with accommodations).

Applicants must complete all information on this fillable application. (If you need help, please ask your parent(s)/guardian(s) or teachers if you can call Elaine Stefanowicz, at (360) 890-3774.) **\*Starred items must contain full information or your application will be returned.**

Please type or print with black or blue ink. If you require an alternative format, please contact Elaine Stefanowicz.

## Youth Leadership Peer Counselor Application

Mail/Email/Scan the application to: Governor's Committee on Disability  
Issues and Employment, Youth Leadership Forum, Attn: Elaine  
Stefanowicz, PO Box 9046, Olympia, Washington 98507-9046  
Email: [estefanowicz@esd.wa.gov](mailto:estefanowicz@esd.wa.gov)

## Youth Leadership Peer Counselor Application

This application can be filled out by tabbing to each highlighted section. (If the application is not complete, you will not be considered.)

### **Personal Information**

\*Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City, State & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

\*Preferred method of communication: Cell  Home  Work   
Email

\*By July 25, 2020, are you between the ages of 18 and 21:  Yes  No

\* Date of Birth: \_\_\_\_\_

\*Do you have a Legal Guardian:  Yes  No (If yes, please provide their name, relationship to you, address, and telephone number: \_\_\_\_\_)

\* Gender: \_\_\_\_\_

\*If you are a college student & will have a different address/phone number during the **summer**, please provide. \_\_\_\_\_

### **School Information:**

\*Attending school:  Yes  No

\*Name of school:

\*Mailing Address of school:

\*Name of School Counselor:

\*School Phone Number:

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\*Do/did you have an Individualized Education Program (IEP) or 504 Plan?  
 Yes  No **\*A copy of your most recent IEP or 504 Plan must be returned with this application.**

\*Do/did you have a Behavioral Intervention Plan (BIP)?  Yes  No  
**\*A copy of your most recent BIP must be returned with this application.**

**Transition Program Information:**

\*Enrolled in Transition Program:  Yes  No **\*A copy of your most recent Transition Plan must be returned with this application.**

\*Name of Transition Program:

\*Mailing Address of Transition Program:

\*Name of Transition Counselor:

\*Transition Program Phone Number:

\*Are you receiving Services from the Division of Vocational Rehabilitation, Developmental Disabilities Administration, or Department of Services for the Blind? Yes  No

Department of Vocational Rehabilitation Client Number (if available):

DVR Counselor Name (if available):

DVR Counselor Phone number:

**Demographics (for statistical purposes only):**

*Ethnicity (select one):*  Hispanic or Latino  Not Hispanic or Latino

*Race (select one or more):*  American Indian or Alaska Native  Asian

Black or African American  Native Hawaiian or Pacific Islander

White  Prefer not to answer



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**Qualifications**  
**(see attached descriptions)**

1. Education/Training:

<u>School</u>	<u>Location</u>	<u>Dates attended</u>	<u>Degree/Diploma</u>

2. What year did you attend YLF as a delegate? \_\_\_\_\_

Describe your experience as a delegate and how it impacted you. \_\_\_\_\_

3. Do you have previous experience as a counselor at **YLF** or in a similar setting? \_\_\_\_\_ If so, when? \_\_\_\_\_

If so, describe your experience and how it impacted you. \_\_\_\_\_

4. Other work experience/volunteer camps, school activities:

<u>Employer/activity</u>	<u>Location</u>	<u>Position</u>	<u>Dates</u>

5. Are you certified in CPR/First Aid:  Yes  No

6. Is any of your other experience working with youth or others with disabilities? Please explain. \_\_\_\_\_

7. Have you ever been convicted of a crime (excluding minor traffic offenses)?  
 Yes  No (If yes, please provide information.) \_\_\_\_\_

**Accommodations or Special Requirements**

8. List special housing needs: \_\_\_\_\_

9. List any other needs/services you would require on site to participate fully as a volunteer \_\_\_\_\_

## Youth Leadership Peer Counselor Application

### Essay

- 10.** Please explain (in 100 words or less) why you would like to be a 2020 YLF Peer Counselor and what would you bring to this position. \_\_\_\_\_

### References

Please provide two references (personal, professional, teacher, etc.), list below.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please provide one letter of reference by June 1, 2020, to:**

Elaine Stefanowicz  
GCDE/Youth Leadership Forum  
PO Box 9046  
Olympia, WA 98507-9046  
Phone: (360) 890-3774

Email: [estefanowicz@esd.wa.gov](mailto:estefanowicz@esd.wa.gov)

Fax: (360) 586-4600

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**Acknowledgement**

I have read, understand and agree to follow the requirements of the volunteer position for which I am applying. I also understand the commitment to the delegates and will participate fully for the entire session as stated. I agree to remain on campus (unless otherwise discussed with YLF Staff).

You will be contacted regarding your selection by **June 15, 2020**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the **Volunteer Application** and the “Waiver and Authorization to Release Information” Form by **June 1, 2020**. Both documents can be emailed with an electronic signature, sent by US Mail or faxed. If you need more information or have questions, contact Elaine Stefanowicz.

Elaine Stefanowicz  
GCDE/Youth Leadership Forum  
PO Box 9046  
Olympia, WA 98507-9046  
Phone: (360) 890-3774

Email: [estefanowicz@esd.wa.gov](mailto:estefanowicz@esd.wa.gov)  
Fax: (360) 586-4600

**T-Shirt Size**

- X-Small**
- Small**
- Medium**
- Large**
- X-Large**
- XX-Large**
- XXX-Large**

**Please fill out the WAIVER, PERMISSION TO PHOTOGRAPH, and AUTHORIZATION to RELEASE INFORMATION and email to Elaine [estefanowicz@esd.wa.gov](mailto:estefanowicz@esd.wa.gov).**





# Youth Leadership Peer Counselor Application



## RELEASE FORM FOR USE OF PHOTOGRAPHS AND QUOTATIONS

I, \_\_\_\_\_, give my permission for the Washington State Youth Leadership Forum to print or publish photographs and videotape of me, or to use quotations from me to publicize the Youth Leadership Forum.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_



# YLF Checklist

Use this list to ensure that you have completed and returned all necessary documents:

All “Personal Information” is complete

All “School Information” is complete

All “Transition Program Information” is complete

I have provided answers to the essay question

All **starred** questions are fully answered

I have signed the signature page

My parent/guardian has signed the student signature page, if necessary

I have listed two references.

My parent/guardian has signed the applicant signature page, if necessary

I obtained one reference letter

I have signed the Release Form for Use of Photographs and Quotations

My parent/guardian has signed the Release Form for Use of Photographs and Quotations, if necessary

I have attached a copy of my IEP, 504, BIP, and/or Transition Plan