



MYLF

Montana Youth Leadership Forum

www.montanaylf.org

VOLUNTEER STAFF APPLICATION

Deadline – April 2, 2010

Staff Dates: Sunday July 11, 2010 through Friday, July 16, 2010

NAME: _____ Date: _____

Mailing Address: _____

Telephone: _____ E-mail: _____ Fax: _____

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

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 _____, _____, _____, _____

Position Desired: (Check those areas of interest and expertise)

Small/Large Group Facilitator _____ Co-Facilitator _____

Mentor/Peer Facilitator _____ Support Services _____

Other/Rover _____

Background check information

Social Security Number _____

Birthday: _____

The above information will only be used to do a criminal background check as required by Montana State laws pertaining to volunteers who work with minors. By signing below you give the MYLF Advisory Council permission to conduct the background checks as necessary for your participation in the 2008 YLF.

Signature

Date

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EDUCATION

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

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

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

=====

WORK HISTORY

Employer: _____ Dates: _____ Position: _____

Employer: _____ Dates: _____ Position: _____

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

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SPECIAL INTEREST, TALENTS AND ABILITIES

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REFERENCES (please list three, include telephone number)

****References are only required for first-time applicants for staff positions of MYLF.**

If selected I will be available for all staff training and other designated/assigned responsibilities as a staff member for the Youth Leadership Forum beginning at 3:00 p.m., Sunday, July 11, 2010 through 12:00 p.m., Friday, July 16, 2010. I also agree to follow all Carroll College resident hall rules and regulations pertaining to my participation in YLF.

Signature

Date

If you will have any accessibility or accommodation needs during the week please describe below.

(If you have **no** accessibility or accommodation requirements please indicate such by a negative response.)