

Sample Application Youth & Young Adult Leaders Youth Advisory Council - or - Speakers Bureau



via e-mail to [ADD EMAIL ADDRESS](#)

ADD NAME AND AGENCY

Phone: XXX-XXX-XXXX

Applicant Criteria

1. Age range 18-25, should have celebrated his/her 18th birthday prior to or on April 1, but must not have had his/her 25th birthday prior to April 1.
2. Have a disability or chronic health condition since childhood.
Disclosure of your disability/health issues is optional.
We are seeking your expertise based on your personal experience and insights.

Application

1. Your Contact Information

- Name
- Preferred method of communication
(e-mail, telephone, TTY, via personal attendant support, or assistive technology)
- E-mail address
- Phone or TTY
- Best time to contact you (day of week and time of day)
- Personal Web site (provide URL)
- Snail mail Address

2. Details About You

- Yes, I meet the criteria: I am between 18-25 and have a disability or chronic health condition since childhood
- Geographic area
(Region: Northeast, Southeast, mid-West, West, Central/Plains, Southwest, Non-continental US)
 - Type of Community
(Urban, Suburban, Rural, Remote, Frontier or other, please specify)
 - Cultural Diversity (listing per US Census and Lou Harris Poll)
 - Asian/Pacific Islander Mixed Racial Background
 - Black/African American White (non-Hispanic)
 - Hispanic/Latino Other, please specify
 - Native American/Alaskan tribe Decline to Answer
 - Disability and/or Chronic Health Issues (check all that apply)
 - Motor/mobility Sensory Decline to Answer
 - Communication Cognitive
 - Chronic Health Issues Other, please specify

2. Details About You (con.t)

- Employment Field (currently working in, or studying for)
- Education History (highest degree)
- Resume ____ Yes ____ No
(if you have one please provide e-copy with this application)
- Future plans and interest areas
- What issue(s) do you feel most passionate about?

3. Areas of Expertise

In which of the following topics or areas do you have personal experience or expertise and could develop a presentation or participate in a panel discussion?

- Specific Disability or Chronic Health Issue Expertise - please specify
- Health Issues
(Access, coverage, taking charge of your health care, transition to adult care)
____ Yes Please specify
____ No
- Medical Treatments (Non-intrusive practices, age appropriate treatment, taking charge of your health care, developing a portable medical file, etc.)
____ Yes Please specify
____ No
- Policy Issues (Universal design, disability, education, health care, etc.)
____ Yes Please specify
____ No
- Public Benefits (SSI, SSDI, PASS, Medicaid, Medicare, PAS, etc.)
____ Yes Please specify
____ No
- Legal Rights: Role and Responsibilities
(IDEA, 504, ADA, HIPPA, Transportation, etc.)
____ Yes Please specify
____ No
- Grant Review
____ Yes Please specify for what agency and year of review:
____ No
- Developing Policy Papers and Briefs
____ Yes Please list title
____ No
- Inclusive Settings (Education, recreation, employment, visitability)
____ Yes Please specify
____ No
- Creative Problem Solving: When existing systems can't provide a solution, other ways to make the system work
____ Yes Please list two areas
____ No

3. Areas of Expertise (con't.)

- Marketing your message and materials to reach consumers and decision-makers
___ Yes Please specify:
___ No
- Information for Consumers and Families: Author or how to find it
___ Yes Please specify:
___ No
- Negotiating What You Need
___ Yes Please specify what topics:
___ No
- Other? Please specify:

4. Recent presentations you have given.

Please list your last three presentations giving the titles, dates, locations, and groups to whom presenting.

Name of Event	Location/City-State/Date(s)	Audience Type/Size (Families, Youth, Professionals)
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- 1.
- 2.
- 3.

Are any of the following items available?

Audio tape	___ Yes	___ No
Transcripts (provide e-copy)	___ Yes	___ No
Video tape	___ Yes	___ No
Web links to video streaming (provide URL)	___ Yes	___ No
Power-point presentations (provide URL)	___ Yes	___ No

URL:

If the above items *are not available*, please ask someone who heard your presentation to write a brief description about the strengths of your presentation. Include his/her comments in this section (add his/her name and contact information).

5. Recent training sessions, skill-building which you attended.

Please list your last three skill-building training sessions, meeting facilitation, or educational or mentoring opportunities.

Name of Event	Location/City-State/Date(s)	Target Audience (Families, Youth, Professionals)
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- 1.
- 2.
- 3.

6. Honorarium

What fee do you usually charge for your time and efforts in preparing and conducting a presentation?

Check all that apply:

___ My fee is \$_____ hourly _____ or daily_____?

___ Fee is determined by the funders of the event I am invited to.

___ I have never been paid for my expertise.

7. Transition to Adult Health Care

- Do you have first hand knowledge and/or experience in preparing for and actually transferring from pediatric to adult care? ___Yes ___ No
- Was this transfer related to all of your health needs? ___Yes ___ No
- Or was it only for special issues? ___Yes ___ No
- Was this process smooth, uncomplicated? ___Yes ___ No
- If it wasn't, do you have suggestions on how to improve this process? ___Yes ___ No

Please share a few ideas:

8. Personal Recommendations

Please provide the names and contact information of two people who have heard you present and would recommend you to others (one can be a family member or friend).

Name	Phone Number or E-mail	Relationship
1.		
2.		

11. Is there anything else you would like us to know about you?