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 March 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:

Darlene Owens
525 W. Capitol Ave.
Little Rock, AR 72201

For additional Information
Contact Darlene Owens
1-800-330-0632
darlene.owens@arkansas.gov

VOLUNTEER STAFF APPLICATION

**Staff Dates**: Sunday July 10, 2016 through Friday, July 15, 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.
[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:_____

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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**

University of Central Arkansas Consent to Request Background Check

I understand that the **University of Central Arkansas** will use **Sterling Infosystems Inc., 249 West 17th Street, New York, NY 10011, (877) 424-2457** to obtain a consumer report and/or investigative consumer report as part of the hiring process or as part of volunteer activities conducted on campus. I also understand that if hired or approved to volunteer on campus, to the extent permitted by law, the University of Central Arkansas may obtain further reports from Sterling so as to update, renew or extend my employment or volunteer activities.

I understand **Sterling Infosystems Inc.'s** investigation will include social security number verification, federal, state and local criminal records, and sex offender registry check.

First Name Middle Name or Initial Last Name

Other Names Date of Birth (MMDDYYYY)

Male Female Social Security Number Telephone Number

Current Address Apt# How long at this address

City State Zip Code

Previous Address Apt# How long at this address

City State Zip Code

Driver's License Number State

E-mail

Signature Date

**EDUCATION**

High School: _____Dates: _____ Course of Study: _____

Institution: _____ Dates: _____ Course of Study: _____

Institution: _____ Dates: _____ Course of Study: _____

**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:** _____

***If selected I will make my self available for staff training and as a staff member for the Youth Leadership Forum beginning at 6:00 p.m., Sunday, July 10, 2016 through 4:00 p.m., Friday, July 15, 2016. I understand that once the delegates arrive on Monday July 11, 2016, I must stay with the delegates at all times (ie, can not leave dorm at night or campus during the day)until checkout on Friday July 15, 2016. I also agree to follow all UCA resident hall rules and regulations pertaining to my participation in YLF.***

Signature: _____

***A mandatory paragraph must be written describing your motivation to be a staff member for the Youth Leadership Forum. If you are an alumni, you must write a paragraph on how you have utilized leadership skills gained at previous YLF programs in your community. Applications submitted without completing the following paragraph will not be considered. Delegates from 2015 will be given first priority when selecting alumni staff.***

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**Return Form To: Darlene Owens**
**525 W. Capitol Ave.**
**Little Rock, AR 72201**

**RETURN DEADLINE: MARCH 1, 2016**