



YOUTH LEADERSHIP COUNCIL

Youth Leadership Council Participant Job Description

Purpose: The Youth Leadership Council (YLC) is a group of youth comprised of individuals with and without intellectual disabilities from across the state in grades 10th-12th grade. This group will work together throughout the year to educate, motivate, and activate youth to become agents of change in their communities and advocate for the respect, inclusion and acceptance of all people, regardless of abilities. The YLC uses a wide variety of tools to communicate effectively, such as email, social media, video conference calls and youth summits.

Responsibilities:

- Commit to serving on the YLC for a two-year period. **one year for 12th graders*
- Students with and without intellectual disabilities will work collaboratively to implement Special Olympics unified initiatives.
- Represent Special Olympics in a professional manner.
- Lead by example: use inclusive and respectful language and behavior.
- Support, develop, and oversee at least two Unified Champion Schools initiatives in school community, for example: Spread the Word Inclusion Campaigns, Town Hall meeting, Youth Summit/Forum or Unified Sports Expo, etc.

Qualifications:

- Commitment to and passion for the mission of Special Olympics and desire to pursue Unified activities in schools
- Time to prepare and create events
- Comfort leading others and presenting ideas; public speaking
- Good Organizational and Communication skills
- Desire to make meaningful connections and change people's perspectives about individuals with intellectual disabilities.
- Time commitment: 1.5-2 hours per month



YOUTH LEADERSHIP COUNCIL APPLICATION

General Application Guidelines

Please read the application thoroughly before completing. All application materials are due by October 16, 2020 to Veronica Jennings at vjennings@specialolympicsva.org.

Application Checklist

- Did you complete all sections of the application?
- Did you get a peer to complete and submit the recommendation?
- Did you get an adult to complete and submit the recommendation?

PERSONAL INFORMATION

Name:			
Preferred name, if not first name			
Email Address:			
Permanent Home Address:			
City:		State: VA	Zip Code:
Phone Numbers	Cellphone:		Home:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:
Number of years involved with Special Olympics:			
Emergency Contact Name:			
Emergency Contact Address:			
City:		State: VA	Zip Code:
Phone Number	Cellphone:		Home:
E-mail address:			
Role of Student on YLC (check one)		<input type="checkbox"/> Youth SOVA Athlete	<input type="checkbox"/> Youth SOVA Partner

EDUCATION

High School Name

Grade

Please answer the following questions in 100 words max.

What Special Olympics sports and events have you participated in at your school or community program?

Describe specific roles you have played in Special Olympics events.

What does Special Olympics mean to you?

What leadership roles have you held in other school and/or volunteer organizations?

Describe how you have reached out to help others in your community.

Why do you want to be part of the Youth Leadership Council?

What other activities (school and community) are you involved in, and what are your plans for balancing YLC duties with your other activities?



YOUTH RECOMMENDATION FORM

Please ask a friend who knows you well to serve as references. Your references cannot be family members or legal guardians.

NAME OF YOUTH LEADERSHIP APPLICANT _____

Why do you think this applicant would be a good applicant for the Youth Leadership Council?

As a peer, how do you and your friends see the applicant? (Ex. A leader, compassionate person etc.)

Please rate the following skills from 1-5, not sure:

Reliability

Makes good use of time

Communication

Working in a group

Problem solving

Work ethic

By signing below I, confirm the following:

I know _____ ("Applicant") in a personal capacity. I am not a relative or legal guardian of the applicant; I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics Virginia, and I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics Virginia athletes or others who participate in Special Olympics Virginia.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____



ADULT RECOMMENDATION FORM

Please ask an adult 18 years and older who knows you well to serve as references. Your references cannot be family members or legal guardians

NAME OF YOUTH LEADERSHIP APPLICANT _____

In what capacity have you known the applicant? _____

Why do you think this applicant will be a good applicant for the Youth Leadership Council (YLC)? _____

What characteristics does the applicant have that will benefit the YLC? Rate (1-5 and not sure):

Working in partnership with adults
Working in partnership with other youth
Working independently
Seeking input in key situations to ensure results
Communication with others (in person, email, phone)
Writing articles or speeches
Speaking publicly (training, presentations, speeches)
Inspiring and motivating others
Reliability

By signing below I, confirm the following:

I know _____ ("Applicant") in either a personal or professional capacity.
I am at least 18 years of age and I am not a relative or legal guardian of the applicant;
I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics Virginia, and I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics Virginia athletes or others who participate in Special Olympics Virginia.

Signed: _____ **Printed Name:** _____
Date: _____ **Relationship to Applicant:** _____
Organization/Institution: _____