

# KY-SPIN Youth Advisory Council Application

For individuals with disabilities ages 14-26

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**KY-SPIN, Inc.** – (Kentucky Special Parent Involvement Network) is a state-wide 501(C)3 non-profit organization. The mission of KY-SPIN, Inc. is to link families and individuals with disabilities to valuable resources that will enable them to live productive, fulfilling lives. The KY-SPIN Youth Advisory Council will assist and advise KY-SPIN to address the needs of youth with disabilities for high-quality services that increase their capacity to be effective self-advocates.

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

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone: (work hours) \_\_\_\_\_

Mobile: \_\_\_\_\_

Gender:  Male  Female

Do you have a disability?  Yes  No  
*(This council is made up of youth/adults with disabilities aged 14-26)*

Please list your disability  
*(Optional)* \_\_\_\_\_

**Educational Experience:** *Select any and all that you have experience with*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> In High School                 | <input type="checkbox"/> Received High School Diploma | <input type="checkbox"/> Graduated with Associates Degree |
| <input type="checkbox"/> Alternative School             | <input type="checkbox"/> Received GED                 | <input type="checkbox"/> Vocational/Tech Program          |
| <input type="checkbox"/> On-campus school (residential) | <input type="checkbox"/> Attending College            |   |

Course of study/Major:

Highest Grade Completed:

**Employment Status:**  Full-Time  Part-Time  Volunteer  Not Currently Working  Other

**Family/Martial Status:**  Single  Married  Other

**Do you have children?**  Yes  No If yes, how many?:  What are their ages?

*Meetings and events will take place in various locations throughout the state.*

**Do you have your own means of transportation? If not, how do you plan to travel to meetings and events?**

**Describe a leadership role you have held and what you learned from this experience?**

**With what extracurricular activities are you involved?**

**Describe your strengths**

**What is your dream for the future?**

**Describe your plan to make that dream a reality.**

**What do you think most needs to be changed in order to serve youth/adults with disabilities better?**

**How could those with disabilities bring about this change?**

**Why do you believe you would be the best to serve your fellow youth/adults with disabilities on this youth council?**

**What unique qualities will you bring to the council?**

**Describe why you want to be a member of this council and your goals for this group.**

**Submit application to Ian Rosser by email to [ian@kyspin.com](mailto:ian@kyspin.com),  
by fax (502) 937-6464, or by mail to  
KY-SPIN/ 10301-B Deering Road/ Louisville, KY 40272**