

**CENTER FOR INDEPENDENT LIVING
DISABILITIES RIGHTS EDUCATION & DEFENSE FUND
EASTER SEALS PROJECT ACTION
NATIONAL YOUTH LEADERSHIP NETWORK**

Present

**NATIONAL YOUTH TRANSIT TALK
JULY 27-28, 2007
WASHINGTON, D.C.**

Applications are due March 1, 2007

Dialogue Application

Section I: Biographical Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail Address: _____

CIL invites you to answer the questions below (on gender, birth date and disability) to assist us in choosing participants. You do not have to give the information – it is voluntary. If you do give us the information, it will remain confidential, and will be used only to make sure that our participants represent diverse backgrounds and disabilities.

Gender: Female Male Date of Birth: _____

How would you describe your primary disability?

- Mobility Hearing Visual Learning
 Cognitive Health Emotional/Behavior
 Other _____

Check here if you use alternative formats for communication.

Please tell us what formats you use: _____

To which race/ethnicity do you belong? [Please check all that apply.]

- African American Hispanic Caucasian
 Asian Native American/AK Native Pacific Islander
 Other [please describe] _____

Please estimate the population size of the community where you live?

- Small town or rural area Mid-sized town City or suburb

What is the highest level of education that you have attained?

High School College / Technical Institute Graduate School
Career Interest/Major: _____

Are you currently employed? Yes No

Job Title: _____

How would you like to receive information?

E-mail Hard copy by snail mail Telephone

Do you have regular access to e-mail? Yes No

If yes, how often do you access it?

Daily Weekly Monthly

Does someone assist you on a regular basis?

Yes No

If yes, please give the following information:

Name of person providing assistance: _____

Relation to the applicant [e.g., parent, friend]: _____

This person's phone number: _____

Section II: Essays

Please attach your answers to the following questions. Limit your answers to one-half page per question, 14-point font. If you have access to a computer, please email your answers and mail or fax a paper copy.

1. What transportation have you used or advocated for? Please describe.
2. Please describe the most important problems that must be addressed in order to improve transportation for people with disabilities in your area.
3. Have you participated in any programs, initiatives groups or events to improve transportation for people with disabilities in your area? If so, how?
4. What inspires you? What do you want the future to be like?

Section III: Signature

I completed this application to the best of my ability. All information stated is truthful and factual to the best of my knowledge. I completed this application on my own and/or with the assistance of the support person identified above.

Signature of Applicant

Date

Signature of Support Person, if applicable Date

For questions or assistance, please contact:

Bill or Rory

Email: youthtalk@cilberkeley.org

Phone: (866) 496-1001 or (510) 841-4776 ext. 126

SEND YOUR COMPLETED APPLICATION PACKET TO:

By Mail:



National Youth Transit Dialogue
Center for Independent Living, Inc.
2539 Telegraph Ave
Berkeley, CA 94704

By Fax: (510) 841-6168

By E-Mail:



Address: youthtalk@cilberkeley.org
Send in any of the following formats:

- ASCII Text
- MS Word

**In the subject line of your e-mail,
please type: "NYTD"**

APPLICATIONS MUST BE RECEIVED BY MARCH 1, 2007