

# Improving Transition Outcomes Project (ITOP)

## Youth Council Application

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### Who We Are

The Improving Transition Outcomes Project (ITOP) Youth Council is a group dedicated to providing opportunities to transition-aged youth (14-24 yrs.) with disabilities. We are primarily a social group, and we hold regular gatherings where youth can get to know each other. The ITOP Youth Council is also a place where youth can learn valuable leadership skills. In addition, we can connect youth to a range of services they may need and to community service opportunities through the ITOP Interagency Council. The Youth Council maintains representation on the Interagency Council and contributes to decision-making and the implementation process.

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### Who You Are

Name

Age	
Street Address	
City, ZIP Code	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

Are you available for regular meetings and events on the first Tuesday of each month from 4 to 6 pm?

Yes

No

If no, when are you available? (check the times when you're free)

	12 – 1 pm	1 – 2 pm	2 – 3 pm	3 – 4 pm	4 – 5 pm	5 – 6 pm	6 – 7 pm
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

## Interests

Please tell us why you are interested in joining us:

What are some other general interests you have?

## Special Skills or Qualifications

Summarize any special skills or qualifications you have gained from employment, previous volunteer work, or through other activities, including hobbies or sports, or through life experiences. It doesn't have to be amazing; just tell us whatever you can think of.

**(optional)** Do you have a disability?

Yes

No

Whether or not you have a disability, please explain any particular knowledge, interest, or expertise you may have in disability or disability issues. Do you have any personal connection to disability, such as personal experience, friends or family with disabilities, experience advocating for people with disabilities, etc.?

## Previous Experience

Do you have any previous experience in organized social or community-service groups?

Yes

No

If yes, please summarize your experience:

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### Person to Notify in Case of Emergency

Name	
Street Address	
City, ZIP Code	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, you agree to commit two hours per month to the ITOP Youth Council's gatherings on the first Tuesday of each month from 4 to 6 pm, and/or to consider participating in related events that will take place from time to time. It is the policy of the ITOP Youth Council to require its members to show up and participate. If you fail to satisfy your commitment, you may be considered for removal from the council. We are a youth-led organization, so we understand that you may have a tricky schedule. Just be sure to let us know if you ever have to miss meetings or events. Thank you for completing this application and for your interest in joining us.

Name (please print)	
Signature	
Date	

### How to Submit this Application

Please mail this application to:

**ITOP Youth Council  
2601 Mission Street, Suite 606  
San Francisco, CA 94110**

*Or*

Fax it to:

**(415) 920-5099**

*Or*

If you're filling out an online application, or if you want to scan a paper copy, please e-mail it to:

**[srubin@itopsf.org](mailto:srubin@itopsf.org)**

Or you may drop by at the address above on a Wednesday or Friday afternoon and ask for Sam or John. We're housed at Support for Families of Children with Disabilities, at the corner of Mission and 22<sup>nd</sup> Street in the US Bank building on the 6<sup>th</sup> floor. You can reach us by phone at (415) 282-7494. We would love to meet you!