



KASA National Advisory Board APPLICATION

Applicant Contact Information

Name:

Address:

City:

State:

ZIP:

Preferred method of communication:

E-mail address:

Phone or TTY:

Best time & day to contact you:

Cultural Diversity (optional)

These questions are optional. We are asking these questions to order to make sure that we are representing as many perspectives as we can, with specific outreach to underserved groups of young people. Your choice of whether or not to answer to this question will have no impact on your selection to the KASA Advisory Board.

Please tell us your race:

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

Mixed Racial Background

Please tell us your ethnicity:

Hispanic/Latino

Disability and/or Chronic Health Issues (please check all that apply):

This question is optional. Again, we are asking these questions to order to make sure that we are representing as many perspectives as we can. Your choice of whether or not to answer to this question will have no impact on your selection to the KASA Advisory Board.

chronic health issues

cognitive

communication

motor/mobility

physical

sensory

other

Visit us on the web www.fvkasa.org

KASA/Family Voices 3701 San Mateo Blvd., NE, Suite 103 Albuquerque, NM 87110

Phone: 505.872.4774 or 888-835-5669 Fax: 505.872.4780 E-mail: bbaker@familyvoices.org



Getting to know YOU!

Age:

Grade:

Where do you go to school?

School or community activities or hobbies you are involved in:

- .
- .
- .
- .
- .

Personal/Professional Recommendations:

Please list three references that are non-family members, and include each person's name, phone number or e-mail address, and relationship to you.

Name:

Phone/Email:

Relationship to You:

- 1.
- 2.
- 3.

Essay:

On a separate piece of paper please describe:

- Yourself: your likes, dislikes, qualities about you, and you in general.
- What effect(s) did your disability/chronic illness have on your life?
- Skills or experience you have; i.e.: speaking in front of a group, comfortable with technology, good writer, travel within the US or to different countries, membership in a club or group, etc.
- Your leadership and training experience
- How you heard about KASA and why you want to be involved
- Your advocacy activities at the state, local or national level.
- What issues you feel are important to youth with special health care needs/disabilities?
- If you could change one thing for people with disabilities, what would it be?

Click the SUBMIT button which will send an email to us with your application. Be sure to attach your essay.

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