



Foundations for Leadership: A Parent/Caregiver Workshop Series



A Collaboration of YOUTH POWER!, Families Together in New York State, INCLUDEnyc, and Parent to Parent of New York State



Saturday July 21, 2018 from 11:00 am – 5:00 pm
AND
Tuesday July 24, 2018 from 10:30 am – 3:30 pm



WESTERN REGION 2018
The Adam's Mark Hotel
120 Church St | Buffalo, NY, 14202

Please complete and e-mail the following registration by 6/17/18
Steps for Registering:

	✓	You must attend BOTH days of workshops attached to the Youth Leadership Forum. Please do <u>NOT</u> sign up if you cannot fulfill this commitment.
1		Complete all areas of the 2018 Foundations for Leadership registration form E-Mail completed registration to: AMPLIFYNY@YOUTHPOWERNY.ORG Registration form must be received by 6/17/18
2		Before the workshop series, individuals will receive an email confirming they have been selected to participate. You must confirm your attendance by following the directions in the email.
3		Complete a pre-survey at the event before participating in the workshop series.
4		Attend and participate in Foundation for Leadership on both days
5		Complete a post-survey at the close of the workshop series on the second day (07/24/18).
6		Participation in the Community Workshops/Webinars following a Youth Leadership Forum (YLF) is highly encouraged as they will focus on other topics. Please note: Attending the workshop series at a YLF is not required to attend a community workshop/webinar!
7		After completing the workshop series, you can volunteer as a trainer for this series in your region and may have the opportunity to travel! Please let us know below, on the second day, or by responding with your interest to our follow-up email.
8		Share this opportunity with parent/caregivers of youth and young adults in your community!

To learn more about the AMPLIFY-NY project, and the opportunities provided to young people with developmental and/or other disabilities, please visit www.YOUTHPOWERNY.org/AMPLIFYNY.

Questions or concerns? Please contact:
Elijah Fagan-Solis: Statewide Emerging Leadership Manager
518-432-0333 ext. 19 / efagan@YOUTHPOWERNY.org

**FOUNDATIONS FOR YOUTH LEADERSHIP: A PARENT/CAREGIVER WORKSHOP SERIES
2018 REGISTRATION FORM**

Parent/Caregiver Name: _____

Location: The Adam's Mark Hotel - 120 Church St | Buffalo, NY, 14202

Date & time: July 21 and 24, 2018 – Saturday 11:00 am to 5:00pm, Tuesday 10:30 am to 3:30 pm

Complete all areas and email to AMPLIFYNY@YOUTHPOWERNY.org with subject 'Foundations for Leadership Registration' by June 17, 2018

The Foundations for Youth Leadership Workshop Series was designed by and for parents and caregivers of youth with developmental and other disabilities. Please respond to these questions about your experience.

YES NO I am the parent, (biological, step-parent, foster, adoptive) or primary caregiver of a child or youth with a developmental or another disability.

YES NO I am the parent or primary caregiver of a youth who has received services from multiple child serving systems.

Please share what system(s) you have navigated on behalf of your child/ youth

- | | |
|---|--|
| <input type="checkbox"/> Addiction Treatment/Services | <input type="checkbox"/> Child Protective Service |
| <input type="checkbox"/> Child Welfare Preventative | <input type="checkbox"/> Chronic/Physical Health needs |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Family Court | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Intellectual/Developmental Disability* | <input type="checkbox"/> Juvenile Justice involved |
| <input type="checkbox"/> Mental Health Community Program | <input type="checkbox"/> Residential Program |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Temporary/Disability Assistance |
| <input type="checkbox"/> Transition Age Services | <input type="checkbox"/> Other (specify)_____ |

****Person with an intellectual or developmental disability** is a person who has a mental and/or physical disability that is severe and/or chronic, manifested before age 22, likely to continue indefinitely, results in substantial functional limitations in 3 or more areas of major life activity and reflects the individual's need for assistance that are of lifelong, or extended duration and are individually planned and coordinated.*

YES NO Is your child/youth attending the accompanying Youth Leadership Forum or has attended one in the past?

YES NO Do you have any experience as a trainer, co-trainer, group leader, or educator for parent/caregivers?

YES NO Would you be interested in volunteering as a trainer for this workshop series in your region? (May require traveling and overnight stay paid for by program – experience not necessary)

Parent/Caregiver Name: _____

E-Mail Address: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Phone: () _____ **Other Phone:** () _____

What is your primary language? _____

Other languages you speak fluently? _____

What best describes your gender identity? Male Female _____

Which race/ethnic group(s) do you identify with?

Black/African American Asian Native Hawaiian/Pacific Islander European/Caucasian

Hispanic/Latino Native American/ Alaska Native Other (*specify*): _____

Emergency Contact Information for you during the training

*This information will **not** be shared and will be used only in the event of an emergency.*

Contact Person	
Relationship to You	
Phone Number & Cell Number	

Lunch will be provided on both days of the training. Please list any allergies or dietary needs.

Please let us know if you require training accommodations.

Add my contact information to the following listservs. (Check all that apply)

YOUTH POWER! FTNYS INCLUDEnyc Parent to Parent of NYS

By signing below, I agree to appear in audio, video or print media for public relations, advertising, web development, commercial productions, documentaries, educational broadcast presentations, as well as any other forum to the benefit of YOUTH POWER! and Families Together in NYS. I understand that YOUTH POWER! and Families Together in NYS will have ownership of all recorded materials and I agree that YOUTH POWER! and Families Together in NYS may use my image and voice in any manner. I understand and agree that YOUTH POWER! and Families Together in NYS has the right to reproduce and distribute these materials and that I will not receive any form of compensation.

Signature: _____ **Date:** _____