

YOUTH POWER!

3rd Annual Statewide Youth Leadership Forum

TOGETHER WE STAND FOR CHANGE!

Young people coming together to change systems & improve communities.



**AUGUST 10-12, 2010
ALBANY, NEW YORK**

YOUTH POWER! is hosting a gathering of young leaders with disabilities and social-emotional challenges. We will learn, share and connect to fight for positive changes in the way New York State supports young people.

Activities:

- ★ Advocacy to Activism - Guest speakers that will share how to create change.
- ★ Meet other young people who are interested in systems change and share ideas.
- ★ Give direction to the YOUTH POWER! Network - What are we going to do next?
- ★ Meet with NY State officials and tell them how it really is for young people.

The 411:

- ★ Up to 20 young people will be selected by the YOUTH POWER! Special Events Workgroup to attend.
- ★ We encourage youth groups to nominate a leader to represent them.
- ★ Travel, meals and hotel will be paid for by YOUTH POWER!

In order to be selected you must:

- ★ Be in the age range of 16-24.
- ★ Youth under 18 must have guardian approval.
- ★ Have a disability and/or a social/emotional challenge.
- ★ Be a New York State resident.
- ★ Be willing to be active in the network for at least 1 year.
- ★ Complete the application and return it by **July 5, 2010**.

**YOUTH POWER! is the New York State Network of
Young People Who Have Been Labeled and Are Seeking Change.**

YP! is a Proud Part of Families Together in New York State and the
New York State Partner of the National Youth Leadership Network

YOUTH POWER!

Leadership Forum 2010 Application

Section I: Information

Name: _____

Gender: M F TransG **Date of Birth:** _____

Mailing Address: _____

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

Phone: _____ **Fax:** _____

E-mail Address: _____

How would you like to receive information?

E-mail Print copy by mail Telephone

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

If yes, how often do you access it?

Daily Weekly Monthly

Check here if you use alternative formats for communication.

Please tell us what formats you use: _____

We ask the following questions to make sure that the young people we select are diverse and truly interested in changing the system. The information will not be shared outside of YP! staff and the selection committee.

What is the name of your disability? _____

How would you describe your primary disability?

- Mobility Hearing Visual Learning
 Cognitive Health Emotional/Behavioral (mental health)
 Other _____

Which race/ethnic group do you identify with the MOST? (Check one)

- African American Asian/Pacific Islander Native American
 Hispanic/Latin European/Caucasian Other _____

Are you currently a youth advocate or leader? Yes No

If yes, with which organization?

Which of the following youth voice organizations have you been a part of?

- YOUTH POWER!
 Youth in Progress
 SAFETY
 Youth MOVE
 National Youth Leadership Network (NYLN)
 Other: _____
 None

Section II: Short Answer

Please give us detailed answers to all of the following questions. The more you say, the better we get to know you. It is best to attach another sheet of paper if you are not typing this directly into the word document.

1. What's one thing you want to change about the systems, organizations or communities you are involved in? Why?
2. Why do you want to attend this forum and what do you hope to get out of it?
3. Your participation in this leadership forum also means that you are willing to be active in the Network for the following year. Please tell us what you hope to give back to our network and our movement.

Section III: Signature

This application was completed to the best of my ability. All information about myself 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 below.

Signature of Applicant

Date

Printed name of Support Person, if applicable

Signature of Support Person, if applicable

Date

How did you get this application? _____

Youth under 18 will require guardian approval.

If you have any questions please contact us by

Phone: 518-432-0333 x21

Toll free Phone: 888-326-8644 X21

Email: youthpower@ftnys.org

**Applications must be received by
July 5, 2010.**

SEND YOUR COMPLETED APPLICATION TO:

By Mail



YOUTH POWER!
Families Together In NYS
737 Madison Ave
Albany NY, 12208

Fax: (518) 434-6478

By E-Mail



Address: youthpower@ftnys.org

**In the subject line of your e-mail,
please type: "YP! Forum"**

YOUTH POWER! is the New York State network of young people who have been labeled and are seeking change. Together, we have decided to speak up about our experiences because no one knows what it is like for us better than we do. Through peer-to-peer mentoring, we empower young people to be active citizens that are aware of government operations, their rights and the ability to use their voices to influence policies, practices, regulations and laws. We are young people helping other people, ensuring availability of self-help and peer support while changing systems so that young people get the support they need with the respect and dignity they deserve.

Webpage: www.ftnys.org/youthpower.cfm

Online Store: www.cafepress.com/YOUTHPOWER

Our Facebook page is very active. Check it out!

www.facebook.com/YOUTHPOWER.NY

YOUTH POWER! is a part of Families Together in New York State, Inc.