

Join the **YOUTH POWER!** Network

TAKE ACTION - CHANGE THE SYSTEM!

YP!

MEMBERSHIP

FORM



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, aware of government operations, their rights and the ability to use their voices to influence policies, practices, regulation and law. We are young people helping other people, ensuring availability of self-help, peer support and changing systems so that young people get the support they need with the respect and dignity they deserve.

What we offer:

- ★ Training and Support to Youth, Youth Groups and Organizations
- ★ Youth Leadership & Advocacy Activities and Opportunities
- ★ Networking and Promotion

Benefits of membership:

- ★ Be in the loop. Get all the latest information about things that are important to young people. This includes Action Alerts which let you know about important things you may want to speak up about as well as opportunities for advocacy and input.
- ★ Help set our Policy Agenda and advocacy priorities.
- ★ Help grow the movement & shape our network to make sure the next generation of youth has it a little better than we do.
- ★ All of the work you put in helps to build your skills and your resume!

Who can be a member?

- ★ Young people ages 14-24 with a disability, social/emotional challenge or experience in New York State systems such as Special Education, Juvenile Justice, Foster Care, and Chemical Dependency services. In short, if you are a young person who feels you have been labeled, then you can be a member of YP!
- ★ Young adults ages 25-28 who have experience in the state child serving systems and are transitioning to adulthood
- ★ People who live in the State of New York
- ★ People who have a need to be involved and raise their voice for change
- ★ People above 28 are welcome to join as Peer Allies. As a Peer Ally you must have a history of a disability as a youth and have had experience in child serving systems. You may only join if want to support the youth voice and assist the youth movement to grow, without taking over the youth voice. This membership role is that of a mentor only.

To learn more about us please contact us:

Phone: 518-598-2467 Toll Free: 1-888-326-8644

Email: youthpower@ftnys.org Webpage: www.ftnys.org/youthpower.cfm

Please fill out the attached form to join today!



YOUTH POWER!

737 Madison Avenue
Albany NY, 12208
1-888-326-8644
Fax: 518-434-6478
www.ftnys.org

MEMBERSHIP REGISTRATION FORM

Information provided is considered confidential and will not be shared with others outside the YOUTH POWER! (YPI!) staff and the Executive Committee of the YPI! Advisory Board.

Please fill in as much of the form as you are able. We will use this information to add you to our mailing list, get to know your interests, and to inform you of events and activities in the YOUTH POWER! network. **Please return your membership form to YOUTH POWER!, 737 Madison Avenue, Albany NY 12208, Fax: 518-434-6478**

Name: _____ Age: _____

Gender: M F TransG Date of Birth: ____/____/____

E-Mail Address: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Area: Rural Suburban Urban

Phone: () _____ Other Phone: () _____

Do you want mail to go to another address (i.e. school, residential, office)?

Yes No If yes, please tell us:

Alternate address: _____

City: _____ State: _____ Zip code: _____

What is the best way to contact you?

E-Mail Regular Mail

Telephone Best times to call: Morning Afternoon Evening

Are you a (check one): Youth ages 13-24 Young adult ages 25-29

Peer Ally age 30+ and had a disability as a youth

_____(initials) page 1

***The remainder of this form is optional and will remain confidential.
It helps us now some important things about our membership demographics.***

What kind of disability do you have? (Check as many as apply)

- Mobility Hearing Visual Learning Emotional/Behavioral
 Cognitive Health Other *please tell us:* _____

Would you want materials in the future to be in Alternative formats?

- Yes No

If yes, tell us what format (i.e. Large Print, Braille, etc.): _____

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

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

Other Information

Have you attended and/or participated in other YP! events or activities in the past?

- Yes No

If yes, please tell us which ones and what year (List all that you remember):

Event/Activity _____ Year _____

Event/Activity _____ Year _____

Event/Activity _____ Year _____

Event/Activity _____ Year _____

What systems have you been involved in? Check all that apply)

- Department of Social Services (foster care, child protective services etc.)
- Mental Health (Therapy services, SPOA, Psychiatric services, etc.)
- Developmental Disabilities
- Juvenile Justice (PINS, detention centers, probation, etc.)
- Residential placement (nursing homes, rehab centers, detention centers, OMH facilities, etc.)
- Special Education (VESID services, have an IEP, etc.)
- Department of Health

Are you a member of a local youth group? Yes No

If yes, which one? _____

Would you be willing to participate in speaking opportunities like speak outs, panels and workshops and can we contact you about them?

- Yes No

What YP! activities are you interested in? (check all that apply)

- Outreach & Media (newsletter, publications, websites)
- Action Group – Speak Out (Take action and develop our policy agenda to improve systems like Education, Health Care and Mental Health)
- Special events planning (plans events for youth leaders)
- YP! Advisory Board (Guides YP! work and activities, includes additional mentoring and opportunities)

Thank You and Welcome to the **YOUTH POWER!** Network!

Remember to return your form to:

YOUTH POWER!, 737 Madison Avenue, Albany NY 12208

Fax: 518-434-6478 ★ Email: youthpower@ftnys.org