

AMPLIFY-NY's **2020 Virtual** **Youth Leadership Forum**

**Families
Together**
inNYS **YouthPower!**



**2020 Virtual YLF September
14-16 & 21-23 2020 via Zoom**

Learn about:

- ★ Leadership & Communication Skills
- ★ Systems and Grassroots Advocacy
- ★ Strategic Sharing/Disability Disclosure
- ★ Disability History, Rights and Pride
- ★ Resources to Reach YOUR Goals
- ★ Financial Literacy
- ★ Living on my own/ILCs

Activities:

- ★ Virtual Resource Fair
- ★ Develop YOUR Own Leadership Plan
- ★ Peer Panel on Transition
- ★ Fun Evening Activities!

The 411:

- ★ It's a unique opportunity! Have the chance to attend and join a network of peers and alumni.
- ★ Have fun! This is not your ordinary leadership event!
- ★ Be connected with resources to meet your goals and advocacy activities that interests you.
- ★ **FREE** to attend! Attendees will be invited to attend an in person YLF in 2021.

In order to register you must:

- ★ Be ages 14-24 (*Youth under 18 or 18+ with legal guardianship need approval*).
- ★ Live in New York State.
- ★ Tell us about your leadership potential in your registration.
- ★ **Complete registration** by date listed on form or **early to ensure your spot!**

AMPLIFY-NY is hosting a Virtual Youth Leadership Forum (VYLF) for young people ages 14-24 to speak up, build leadership and self-advocacy skills, and prepare to take on leadership roles. This peer-run forum brings opportunities to YOUTH and gives the next generation of leaders the tools and support they need for success.

This VYLF is a **FREE** 6-day event (2.5 hours a day) that is presented in a fun, interactive and educational format with the support of peers along the way. We create a safe, youth friendly environment with plenty of fun activities to compliment the wealth of knowledge being learned! We invite young leaders to join us to build upon leadership skills and become empowered with self-confidence and self-determination.

bit.ly/VYLFReg



Proud member of the
National Association of
Youth Leadership Forums

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KEEP THIS PAGE – DO NOT RETURN WITH REGISTRATION

Thank you for completing this registration. Please use the checklist below to make sure your registration packet is complete. Incomplete registrations will not be considered.

Required Items	Completed
Section 1 - Registration information	
Section 2 - Technology Access	
Section 3 - Accommodations	
Section 4 - Media Release with signature(s)	
Section 5 – Code of Conduct & Final signature(s) – If you had someone support you to complete your application, be sure they print and sign in the ‘support person’ line.	

Registration must be received by September 8, 2020

Please be advised that participants are required to attend at least 4 of 6 sessions during the VYLF in order to be eligible to attend an in-person YLF in 2021 unless otherwise discussed & approved by FTNYS staff.

If you have any questions about the YLF, please call Ruth Rivera at 518-432-0333 x10 or email RRivera@FTNYS.org

SEND YOUR COMPLETED REGISTRATION TO:

Email (with subject): **Virtual YLF 2020** to RRivera@FTNYS.org

Mail: Families Together In NYS Attn: AMPLIFY-NY
737 Madison Ave
Albany, NY 12208

Fax: 518-434-6478

Registrations received are reviewed by **AMPLIFY-NY'S LEADERSHIP TEAM**. The team will ensure that young people meet the registration requirements and represents the diversity of disabilities, gender identities, ethnicities and geographical location to the best of their ability.

Once registration has been reviewed to confirm eligibility, AMPLIFY-NY Leadership will send a confirmation email from RRivera@ftnys.org to youth (and parent/guardians for youth under 18 or 18+ with legal guardianship or otherwise requested). As we approach the event, another email will be sent with more specifics about the VYLF and participants. All appropriate expenses will be paid by the Youth Leadership Forum.

AMPLIFY-NY's Regional Youth Leadership Forums are brought to you by:



**Developmental
Disabilities
Planning Council**

Virtual Youth Leadership Forum 2020 Registration

SEND YOUR COMPLETED REGISTRATION BY **September 8, 2020** TO:

Email (with subject): Virtual YLF 2020 to RRivera@FTNYS.org

Mail: Families Together in NYS Attn: AMPLIFY-NY, 737 Madison Ave, Albany, NY 12208

Section I: Registration Information

Name: _____

Preferred name other than legal name (used for nametags): _____

Birth Date: ____/____/____

Pronoun: He/Him She/Her Neutral (Such as They/Them): _____

E-Mail Address: _____

Parent/Guardian E-Mail Address _____

(if under 18, guardianship or otherwise requested)

I request you send all information/communication to my parent/guardian as well: Yes No

Permanent Address: _____

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

Current Address (If different from above): _____

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

Youth Phone: () _____ Other Phone: () _____

Parent/Guardian Phone (if under 18 or guardianship): () _____

Best times to contact: Morning Afternoon Evening

If you do not have regular access to e-mail, please list how you can be best reached (**We will be sending related future communications via email unless otherwise noted.**) _____

What is your primary language? _____

Other languages you speak fluently? _____

What youth groups, youth councils, youth leadership opportunities, etc. have you been a part of and in what role? _____

We ask the following questions to get to know the diversity of those applying and to ensure that those we select are diverse in ethnicity, gender and disabilities. The information will not be shared outside of FTNYS staff, the selection committee and our grant funders.

What best describes your gender identity? Male Female Non binary/Third Gender

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

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

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

Do you identify as a part of the LGBTQIA+ community? Yes No No, but I'm an Ally

Do you identify as transgender? Yes No

Do you have a disability (past, present, or perceived)? Please check all that apply.

No disability Developmental/Intellectual Emotional/Behavioral Health Hearing

Learning Mobility Visual Other (*specify*): _____

Please answer the following questions on a separate sheet of paper if completing paper form.

1. **Who are you?** – Tell us a little about yourself. Share with us an important experience you have had as a self-advocate or in a leadership role, why you want to attend the YLF, and what you hope to get out of it.

2. **What are your goals?** – Describe any of your current plans/goals you are seeking to accomplish. This can include educational, career, advocacy and independent living goals.

3. **Mentor & leadership project** - When thinking about being connected with a mentor to complete a leadership project, what type of project would you want to participate in, and how do you imagine the mentor supporting you to accomplish it? (this can be related to an advocacy goal listed in question 1)

Section II: Technology Access

The following questions are meant to evaluate your readiness and resources to access a Virtual YLF. This will help us determine what resources are needed to help you participate successfully

- 1. What devices do you have access to at home? Please check all that apply:**
 Desktop PC Laptop Tablet (such as iPad or Android) Chromebook
 Smartphone No devices available Other (*specify*): _____
- 2. How much exclusive access do you have to a device that is capable of being used to access documents and video chat?**
 Do not have access to a device at home Limited access: 1-2 hours per day
 Medium Access: 3-4 hours per day Unlimited access
- 3. Overall, how comfortable are you using your device(s)?**
 Not at all comfortable Not very comfortable
 Somewhat comfortable Very Comfortable
- 4. Do you have access to a device with a camera and microphone for video chat?**
 Yes No Not sure
- 5. What type of Internet connection do you have at home? Check all that apply.**
 Broadband – via Cable or vendor hotspot DSL – Through Phone Company Dial Up – must connect via phone dial Cellular Data No Internet Access Not sure
- 6. What is the reliability of your Internet Connection?**
 Very Reliable (works all the time) Moderately Reliable (works most of the time) Not Reliable at all (only works some of the time)
- 7. Do you have access to a printer at home?**
 Yes No Not sure
- 8. During the VYLF, confidential disability issues and experiences may be shared by other Participants and Staff. Do you have access to privacy during the event?**
 Yes No Not sure
- 9. What virtual platforms have you used? Please check all that apply.**
 Zoom Google meetings/Docs Jackbox games GoTo Meeting/Webinar
 I haven't used any of these Other (please describe) _____
- 10. What days of the week work best for you?**
 Mon Tues Wed Thurs Fri Sat Sun
- 11. What time of the day works best for you?**
 9a-11:30a 9:30a-12p 10a-12:30p 10:30a-1p 11a-1:30p 11:30a-2p
 12p-2:30 12:30-3:00p 1p-3:30p 1:30p-4p 2p-4:30 2:30-5p

Section III: Accommodations

In order for us to provide the best accommodations for you at our Virtual Youth Leadership Forum, community events, and related activities, please identify accommodations or supports you will need to fully participate in AMPLIFY-NY VYLFs and related events. This information will be used for no other purposes and will not be shared with anyone except the immediate staff responsible at the VYLF.

Be as SPECIFIC as possible.

Please check the below reasonable accommodations that you need to access written and video materials on your electronic device.

- American Sign Language Interpreter
- Real Time Captioning (CART)
- Audio Description
- Materials in Alternate Formats (specify) _____
- Use Large Print (font size _____)
- I request image descriptions
- Audio Description
- Someone available to explain things to me in easier terms
- Support with reading
- I request physical copies of all VYLF materials
- 5-minute review after sessions to provide main points
- Other _____

Is there any additional information you feel we should know to support your participation in the VYLF or address medical, behavioral, mental health needs? (such as **warning signs** and/or **ways to assist you during a crisis when you are stressed/upset, or experiencing a medical event**)

Section IV: Media Release:

You may elect to **not** give permission as stated below. If that is the case, please check the **no** box and sign.

I hereby consent to and authorize the use of information for publication purposes to:

- New York State Developmental Disabilities Planning Council
- Families Together in New York State

I consent to and authorize the use, publication, and reproduction of any and all photographs, digital images, videotapes or recordings made of me, and the right to copyright and/or use, reuse, modify, and/or publish, republish photographic pictures, digital images, videotapes or recording in conjunction with my name. I also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions, as deemed necessary, including the use of images on agency-operated websites. Furthermore, permission is also given for the photographs, digital images, videotapes, or recordings to be used at any time in the future without further clearance from me.

I have read the release and agreement above. By signing below, I authorize that I fully understand and consent to the contents above. Yes No

Young Person's Signature _____

Parent or Legal Guardian Signature _____

Section V: Code of Conduct & Final Signatures

I will help to create a youth peer community based on mutual respect and a sense of personal wellbeing. I will treat others with honor and respect because that is how I wish to be treated. I have read the following rules and guidelines, designed to promote a positive learning environment and the health and safety of all people attending the event. I have indicated my complete acceptance by my signing this form. If I am not a legal independent adult, my parent/guardian has signed the code of conduct form as well.

- To the absolute best of my ability, I will attend, fully participate in, and arrive on time to each required event. However, it is always okay to take breaks, move around, or go in and out of the room as needed (as long as I am letting FTNYS staff know).
- If something happens and I need to miss any part of the VYLF, I will let FTNYS staff know as soon as possible.
- I recognize **I am attending the VYLF because of my already existing leadership abilities and to improve upon them.** While in VYLF event rooms, and during scheduled events, **I will act like a leader.** This includes:
 - Not participating in any activities that could be considered as hazing, bullying, sexually harassing, demeaning, or hurtful.
 - Not engaging in sexual behavior or public displays of affection.

- Not drinking alcohol even though I may be 21 or over.
- If I do anything that is illegal, threatening, or unsafe for others, I may be asked to leave the VYLF.
- I understand that I will have to pay for any damage that I cause.
- I understand that gambling is not allowed, except for fundraisers approved by staff.
- I understand that I need permission ahead of time to bring guests to VYLF related programming. Any guests not preapproved by FTNYS staff will be asked to leave.
- I am responsible for my own belongings. If I take medications I will ensure I take them responsibly as prescribed.
- I agree to abide by any additional rules that may be announced, and to accept the consequences of their violation.
- I am willfully attending this event and acknowledge that YP! does not allow young people to be forced to attend their events.

Families Together in NYS is acting in good faith and will not be liable for damages, loss, expenses, or inconvenience related to delayed departures or arrivals; cancellations, price changes, loss, damages, or injury to person or property; or any damage, loss, expense, or inconvenience resulting from any cause whatsoever.

Part 2: Signatures

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 or with the assistance of the support person identified below. **I also understand and have read the code of conduct and agree to abide by these rules from the beginning, during, and until after the event.**

Young Person’s Signature

 Date

Printed name of Support Person, if applicable

Signature of Support Person, if applicable

 Date

Youth under 18 will require guardian approval.

By signing below, I, the legal guardian of the above youth, hereby give permission for them to participate in AMPLIFY-NY’s Virtual Youth Leadership Forum, Via Zoom Meeting. I understand that Families Together in NYS will provide staff and vetted volunteers who will be present during this event.

Parent or Legal Guardian Signature_____

Registration must be received by September 8, 2020

If you have any questions about the VYLF, please call Ruth Rivera at: Phone: 518-432-0333 x10 or email: RRivera@FTNYS.org