



Families Together in NYS invites parents and caregivers to participate in

# AMPLIFY-NY's Foundations for Leadership 2020

Taking place Virtually via Zoom

Monday, November 16th, 2020  
6:00 pm – 8:30 pm

AND

Monday, November 30th, 2020  
6:00 pm – 8:30 pm

### Steps for Registering:

*We highly encourage participants to attend BOTH days of workshop  
If you can't please let us know which day you will attend when completing the registration.*

Complete all areas of the application electronically or,  
E-Mail completed applications to: [RRivera@FTNYS.org](mailto:RRivera@FTNYS.org)  
Registration form must be received by **11/12/2020**

Before the workshop series, individuals will receive an email containing information about the event.

Attend and participate in Foundation for Leadership on both days.  
**It is not required that your youth participates in the VYLF to attend, but is encouraged.**

Participation in Community Workshops after a YLF is encouraged as they will focus on other topics.  
**Attending the workshop at the YLF is not required for you attend the community workshops**

**Share this opportunity with parent/caregivers of youth and young adults in your community!**

**There is NO COST to participate in this workshop!**

For more information about opportunities for both youth and parents/caregivers visit  
[www.FTNYS.org](http://www.FTNYS.org) or contact [RRivera@FTNYS.org](mailto:RRivera@FTNYS.org)



Foundations for Leadership is a collaboration of Families Together in New York State, INCLUDEnyc, and Parent Network of Western New York

**VIRTUAL FOUNDATIONS FOR LEADERSHIP: A PARENT/CAREGIVER WORKSHOP  
SERIES 2020 REGISTRATION FORM**

**Parent/Caregiver Name:** \_\_\_\_\_

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

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone:** (      ) \_\_\_\_\_ **Other Phone:** (      ) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Best times to meet virtually:**  Morning (8 – 12pm)  Afternoon (12-5pm)  Evening (after 5:00 pm)

**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*): \_\_\_\_\_

**Will you be able to attend the workshop on both days or only one of the days?**

Thursday, September 10th Only     Thursday, September 24th Only     Both Days

**Please let us know if you require training accommodations.**

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

FTNYS     YP! of FTNYS     INCLUDEnyc     Parent Network of WNY

**By signing below, I hereby consent to and authorize the use of information for publication purposes to the New York State Developmental Disabilities Planning Council and 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**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_