

AMPLIFY-NY's

2020 Virtual
Youth Leadership
Forum



AMPLIFY-NY

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!

In order to attend you must:

- ★ Be ages 14-24
(Youth under 18 or 18+ with legal guardianship need approval).
- ★ Live in New York State.
- ★ Complete registration in its entirety
Return by November 6th or earlier to ensure your spot!

2020 Virtual YLF

November 17-19 & 22-24, 2020

3:00 pm to 5:30 pm via Zoom

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.



Proud member of the
National Association of
Youth Leadership

Registration must be received by November 6, 2020

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

**Families
Together**
in New York State



**Developmental
Disabilities
Planning Council**

@FTNYS @YouthPower | www.FTNYS.org | #FTNYS #YouthPower

FTNYS AMPLIFY-NY 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. All appropriate expenses will be paid by FTNYS. **Questions:** Contact Ruth Rivera at RRivera@ftnys.org or call 518-432-0333

Registration Information:

Name: _____

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

Birth Date: ____/____/____

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

Permanent Address: _____

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

Current Address (If different from above): _____

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

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

E-Mail Address: _____

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.**)

Parent/Guardian Name: _____

Parent/Guardian E-Mail Address _____

(if under 18, guardianship or otherwise requested)

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

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

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 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): _____

Accommodations

In order for us to provide the best accommodations for you at our Virtual YLF, 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.**

Please 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

I request physical copies of all VYLF materials

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**)

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

Participant's Signature: _____

Parent or Legal Guardian Signature (if applicable): _____

Code of Conduct

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 chats for the VYLF.
- 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, using illicit substances, or anything mind altering that is not conducive to a recovery-based environment, 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 to rented FTNYS devices or any property that is not my own when/if renting FTNYS equipment.
- I understand that I need permission ahead of time to bring guests to VYLF related programming. Any guests not preapproved by FTNYS staff will not be allowed in the VYLF.
- 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 FTNYS does not allow young people to be forced to attend their events.
- **I understand that some of the VYLF content may trigger an emotional response in some participants. I understand that I am encouraged to take breaks and avoid content that might be trauma inducing, and will also receive content warnings from staff before said content is discussed. In the event an emotional response occurs, I am in touch with someone who is able to give me emotional support.**

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 understand that my participation in the AMPLIFY-NY VYLF confirms my membership in Families Together in NYS Youth Power. If I do not want to be a member of YP, I will check here _____. **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.**

Participant's Signature: _____

Printed name of Support Person (if applicable): _____

Signature of Support Person (if applicable): _____

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: _____

Questions? Reach out to RRivera@ftnys.org or call 518-432-0333