

AMPLIFY-NY Virtual YLF Registration

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 through ZOOM 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.

Upon completion of this registration, an email will be sent to you with the ZOOM link and other important information. If you are having technical trouble submitting the application or if you have any other questions, contact Zack Kilmer, Public Policy & AMPLIFY-NY Coordinator, at (518)-708-3808 or zkilmer@ftnys.org

Registration Information:

Name: _____

Primary Phone: _____

Parent/Guardian E-mail Address (if under 18, guardianship or otherwise requested):

Primary Email: _____

Parent/Guardian Phone (if under 18, guardianship or otherwise requested):

Permanent Address: _____

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

If you do not know your county, it can be found at <https://www.ny.gov/counties>.

How do you prefer to be contacted? Phone Call Text Email

Date of Birth: ____/____/____

Do you have a developmental/intellectual disability? required

Yes

No

Common developmental and intellectual disabilities include Autism Spectrum Disorders (ASD), Cerebral palsy, Traumatic Brain Injuries (received before age 22), Downs Syndrome, Epilepsy, Fetal alcohol syndrome, and Spina Bifida.

If yes, what disability or disabilities do you identify with? (Optional):

Do you have a disability other than a developmental disability? If so, what disability or disabilities do you have (Optional):

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
- I do not wish to specify
- Other (specify): _____

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

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

Another Not Listed (specify): _____

What are your pronouns? He/Him/His She/Her/Hers They/Them/Theirs

Would you like to become a member of Youth Power of FTNYS?

Yes No

As a member of Youth Power, you will receive information that is timely and important to young people, as well as receive information about our upcoming events and initiatives.

Would you need an American Sign Language (ASL) interpreter for the VYLF?

Yes No

The VYLF will be taking place from March 22nd to the 24th and March 29th to the 31st from 12:30 to 3:00 P.M. Will you be available during all of those dates and times? required

Yes No

Are there any accommodations you would need in order to participate in the VYLF? Please be as specific as possible. Such accommodations could include, but are not limited to, alternative formats for materials, alternative font sizes, image descriptions, etc. _____

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.

What devices do you have access to at home? Please check all that apply:

PC Tablet Smartphone No Devices Available

During the dates and times of the VYLF, will you be able to have exclusive access to one of these devices?

Yes No

Do you have a reliable internet connection?

Yes No

Do you have access to a printer at home?

Yes No

Do the devices you have access to have camera and/or microphone capability?

Yes No

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? required

Yes No

Media Release:



**Developmental
Disabilities
Planning Council**

**Families
Together
in New York State**

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. Before signing below, I authorize that I fully understand the contents above.

Yes

No, I do not wish to be photographed or videotaped

Media Release:

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 during VYLF programming, 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 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 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.

I have read the above terms and accept them in their entirety.

Yes No

Will you be using a support person for the VYLF?

Yes No

This can include a staff member paid to assist you, a parent or guardian who will help throughout the VYLF, or anyone who will be attending the entire time to aid in your ability to participate.

Signatures

Applicant 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 a parent, guardian.

Parent/Guardian Signature (If applicable) *If you are 17 years of age or younger, you must have a parent or guardian sign here.*

