

# 2017 WV YOUTH SELF-ADVOCACY CONFERENCE

July 13, 2017 – Parchment Valley – Ripley, WV

# *We've Got The Power!*



This program funded by:  
West Virginia Developmental Disabilities Council

The Arc of West Virginia  
912 Market Street, Parkersburg, WV 26101  
304-422-3151 • [www.peoplefirstwv.org](http://www.peoplefirstwv.org)



## Conference Details

Conference is limited to the first 50 applicants who meet the following eligibility requirements:

- ✓ Be in **Grade 9-12** (up to age 21) in the next school year
- ✓ Have an **Intellectual/Developmental Disability**
- ✓ Submit **Registration** by June 30, 2017

**When:** Thursday, July 13, 2017

**Where:** Parchment Valley Conference Center  
1715 Parchment Valley Rd, Ripley, WV 25271

**Time:** 9:30 am – 3:00 pm (registration opens at 9:00 am)

**Cost:** Free

**Meals:** Lunch and Snacks will be provided  
(PLEASE be sure to tell us of dietary restrictions on the registration form!)

**Travel/ Lodging:** For those requiring more than 2 hours travel time to attend, please call The Arc of WV for details on lodging and travel stipends by no later than June 30, 2017 at the number below. Reservations **MUST** be arranged through our office. No expense reimbursements will be made without prior authorization from The Arc of WV.

*Special arrangements will be made for attendees requiring personal attendant services.*

Self-advocacy is people advocating and speaking up for what they want in their lives. As young adults become strong self-advocates, they learn to maintain their principles, dignity and beliefs without compromise. Their values are strong and they have the ability to act on their own behalf.

**For More Information Call:**  
**304-422-3151 or toll-free at 1-877-334-6581**

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## *July 13, 2017*

### **CONFERENCE APPLICATION**

Application forms can be submitted by NO LATER THAN JUNE 30, 2017 in the follow manner:

**Mail:** People First of WV, 912 Market Street, Parkersburg, WV 26101

**Email:** amanda.lieving@thearcmov.org

**Fax:** 304-865-2072

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ ☐ M ☐ F

**Address:** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Grade (next school year):** \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Guardian Contact Phone Number:** \_\_\_\_\_

**Will parent/guardian attend the off-site training for those accompanying students to the conference?**

☐ Yes ☐ No If yes, how many will attend? \_\_\_\_\_ Approximate travel time to attend conference \_\_\_\_\_

**Accommodations Needed:** ☐ Sign Language Interpreter ☐ Braille ☐ Large Print ☐ CD

**I use:** ☐ a wheelchair ☐ a walker ☐ crutches ☐ augmentative communication device ☐ other \_\_\_\_\_

☐ **Dietary Restrictions (details):** \_\_\_\_\_

☐ **I will require assistance with eating/drinking**

☐ **I will require assistance with personal care**

☐ **Medications will need to be dispersed during the day**

### **Permission to Participate and Release of Use of Photographic/Video Image**

My child, \_\_\_\_\_, has permission to participate in WV's Youth Self-Advocacy Conference.

I, being the student's legal guardian, grant full permission to People First of WV to use, duplicate, broadcast and or publish the above named child's photographic image or video for the purposes of promoting the school system and People First of WV in printed or digital media, as to be determined by People First of WV. The person named hereon and/or their legal guardian by affixing their signature upon this document, thereby claim no other liability toward People First of WV for the use of the student's photographic image or video.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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