**Foundations for Leadership:**

**A Parent/Caregiver Workshop Series**

*A Collaboration of YOUTH POWER!, Families Together in New York State, INCLUDEnyc, and Parent to Parent of New York State*

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**Wednesday, April 4, 2018 from 11:00 am – 5:00 pm**

**AND**

**Saturday April 7, 2018 from 10:30 am – 3:30 pm**

**The Adam’s Mark Hotel**

*120 Church St | Buffalo, NY, 14202*

**Please complete and e-mail the following registration by 3/11/18**

**Steps for Registering:**

|  |  |  |
| --- | --- | --- |
|  |  | ***You must attend BOTH days of workshops attached to the Youth Leadership Forum.***  ***Please do NOT sign up if you cannot fulfill this commitment****.* |
| 1 |  | **Complete all areas of the 2018 Foundations for Youth Leadership registration form**  E-Mail this completed registration form to: AMPLIFYNY@YOUTHPOWERNY.ORG  **Registration form must be received by 3/11/18** |
| 2 |  | Before the workshop series, individuals will receive an email from the AMPLIFY-NY leadership confirming they have been selected to participate.  **You must confirm your attendance by following the directions in the email.** |
| 3 |  | All participants must complete a pre-survey before participating in the workshop series. Pre-surveys will be distributed after application is accepted. |
| 4 |  | Attend and participate in Foundation for Youth Leadership: A Parent/Caregiver Workshop Series on both days |
| 5 |  | Complete a post-survey at the close of the workshop series on the second day (04/07/18). |
| 6 |  | Participation in the Community Workshops/Webinars following a Youth Leadership Forum (YLF) is highly encouraged as they will focus on other topics. **Please note: Attending the workshop series at a YLF is not required to attend a community workshop/webinar!** |
| 7 |  | After completing the workshop series, you can volunteer as a trainer for this series in your region and may have the opportunity to travel! Please let us know below, on the second day, or by responding with your interest to our follow-up email. |
| 8 |  | Share this opportunity with other parents and caregivers of youth and young adults in your community! |

To learn more about the AMPLIFY-NY project, and the opportunities provided to young people with developmental and/or other disabilities, please visit [www.YOUTHPOWERNY.org/AMPLIFYNY](http://www.YOUTHPOWERNY.org/AMPLIFYNY).

***Questions or concerns? Please contact:***

*Elijah Fagan-Solis: Statewide Emerging Leadership Manager*

*518-432-0333 ext. 19 / [efagan@YOUTHPOWERNY.org](mailto:efagan@YOUTHPOWERNY.org)*

**FOUNDATIONS FOR YOUTH LEADERSHIP: A PARENT/CAREGIVER WORKSHOP SERIES**

**2018 REGISTRATION FORM**

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

**Location: The Adam’s Mark Hotel - 120 Church St | Buffalo, NY, 14202**

**Date & time: April 4 and 7, 2018 – Wednesday 11:00 am to 5:00pm, Saturday 9:30 am to 3:30 pm**

**Complete all areas and email to** [**AMPLIFYNY@YOUTHPOWERNY.org**](mailto:AMPLIFYNY@YOUTHPOWERNY.org) **with subject ‘Foundations for Youth Leadership Registration’ by March 11, 2018**

**The Foundations for Youth Leadership Workshop Series was designed by and for parents and caregivers of youth with developmental and other disabilities. Please respond to these questions about your experience.**

**YES NO I am the parent,** (biological, step-parent, foster, adoptive) **or primary**

**caregiver of a child or youth with a developmental or another disability.**

**YES NO** I am the parent or primary caregiver of a youth who has received services

from multiple child serving systems.

**Please share what system(s) you have navigated on behalf of your child/ youth**

☐Addiction Treatment/Services ☐Child Protective Service ☐ Child Welfare Preventative ☐Chronic/Physical Health needs

☐Early Intervention ☐Employment Services

☐ Family Court ☐Foster Care

☐ Intellectual/Developmental Disability\* ☐Juvenile Justice involved

☐ Mental Health Community Program ☐ Residential Program ☐Special Education ☐ Temporary/Disability Assistance

☐ Transition Age Services ☐Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*****Person with an intellectual or developmental disability*** *is a person who has a mental and/or physical disability that is severe and/or chronic, manifested before age 22, likely to continue indefinitely, results in substantial functional limitations in 3 or more areas of major life activity and reflects the individual’s need for assistance that are of lifelong, or extended duration and are individually planned and coordinated.*

**YES NO** Is your child/youth attending the accompanying Youth Leadership Forum or has

attended one in the past?

**YES NO** Do you have any experience as a trainer, co-trainer, group leader, or

educator for parent/caregivers?

**YES NO** Would you be interested in volunteering as a trainer for this workshop

series in your region? (May require traveling and overnight stay paid for by program – experience not necessary)

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

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

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

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

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

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

**Emergency Contact Information for you during the training**

*This information will* ***not*** *be shared and will be used only in the event of an emergency.*

|  |  |
| --- | --- |
| Contact Person |  |
| Relationship to You |  |
| Phone Number & Cell Number |  |

**Lunch will be provided on both days of the training. Please list any allergies or dietary needs.**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

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

☐YOUTH POWER! ☐ FTNYS ☐ INCLUDEnyc ☐Parent to Parent of NYS

**By signing below, I agree to appear in audio, video or print media for public relations, advertising, web development, commercial productions, documentaries, educational broadcast presentations, as well as any other forum to the benefit of YOUTH POWER! and Families Together in NYS. I understand that YOUTH POWER! and Families Together in NYS will have ownership of all recorded materials and I agree that YOUTH POWER! and Families Together in NYS may use my image and voice in any manner. I understand and agree that YOUTH POWER! and Families Together in NYS has the right to reproduce and distribute these materials and that I will not receive any form of compensation**.

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