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

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.

Questions or concerns? Please contact:
Elijah Fagan-Solis: Statewide Emerging Leadership Manager
518-432-0333 ext. 19 / 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 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 Welfare Preventative
- ☐ Early Intervention
- ☐ Family Court
- ☐ Intellectual/Developmental Disability*
- ☐ Mental Health Community Program
- ☐ Special Education
- ☐ Transition Age Services
- ☐ Child Protective Service
- ☐ Chronic/Physical Health needs
- ☐ Employment Services
- ☐ Foster Care
- ☐ Juvenile Justice involved
- ☐ Residential Program
- ☐ Temporary/Disability Assistance
- ☐ 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:** _____