

YOUTH POWER!



Save the Date!!

Are you a young person between the ages of 13-28 and are you looking for a way to advocate for your services? Have you tried using your voice and felt you weren't getting anywhere? If so please join YP! and the Western Regional Team in this year's 2nd regional forum.

Do you have a disability or experience with services such as mental health, addiction, foster care or juvenile justice?

If you answered yes then we want to hear your story.

Speak-up, Speak-out! Help us to make positive changes in service systems.

We want to hear from young people ages 13-28 on what helped and what harmed. This year YP! Team and board have developed a list of questions that we are looking to gather input on to help us form our priority agenda for next year. We want to ensure that the services that are offered are ensuring the success of the young people we serve.

September 2nd, 2015 @ 5:30-8:30 pm

Location: Arc Of Steuben 1 Arc Way, Bath, NY 14810

This year's forum theme will be how to spread hope while going through your own experience. If you are looking to learn ways on how to keep hope alive please join us as we will have activities that will show us how to do just that.

There will also be Free Food and Giveaways!!!

All attendees must register!

Please complete the registration forms and send them in by August 31st 2015



For more info or to register please feel free to contact me via email/phone at jhollins@youthpowerny.org or 585-314-2452

YOUTH POWER!

Western Regional Youth Forum

September 2nd 5:30pm-8:30pm – Location: To Be Announced

Return By: August 31st, 2015

Email: jhollins@youthpowerny.org Mail To: 1099 Jay St. Building J, Rochester, NY 14611

For more information Contact: Jessica Hollins: Cell: (585) 314-2452 Office: (585) 753-2615

Name:	Title:	
Organization:		
Address:		
Street	apt #	
City	State	Zip
Phone:	Email:	
Emergency contact:	Relationship:	
Phone #:	Cell phone #:	
Disability Accommodations, allergies, medications, etc that presenters should know about:		

Media Release Form (optional)

I, _____, (print your full name) hereby 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.

Participant's Signature: _____ Date: _____

Guardian's Signature (If under 18 yrs old): _____

Guardian's Printed Name _____ Date: _____

YOUTH POWER!

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, designed to promote 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 this form as well.

- I will attend and participate fully in the entire event, unless otherwise agreed upon with the YP! and event leaders.
- I will arrive on time, stay until the end, and remain on the event premises at all times.
- I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning, or hurtful.
- I agree to refrain from sexual behavior and public displays of affection while attending the YP! event.
- I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.
- I will not possess, consume, or distribute alcoholic beverages, even if I am of legal drinking age.
- I will not possess, use, or distribute any illegal drug or drug paraphernalia.
- I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the YP! Leadership in accordance with the youth leadership will not be tolerated. I understand that I will have to pay for any damage that I cause.
- I understand that no gambling is allowed, except for fundraisers approved by the YP! Leadership.
- I understand that no guests are allowed unless the YP! Leadership grants permission in advance, and that any unauthorized guests will be asked to leave immediately.
- If I take medications I will take responsibility in bringing needed medications and supplies to the event, and in following my medication regimen.
- I agree to abide by any additional rules, pertinent to a specific event, which 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.

I understand that these rules apply from the time I leave home for the event, during the event itself, and until I return home after the event.

Young Person's Signature: _____

Printed Name: _____ Date: _____

I understand that part of the YP! experience involves empowerment activities that may be new to the young person. These things come with certain risks and uncertainties beyond what the young person may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of this young person. I realize that no environment is risk free and so I have instructed the young person on the importance of abiding by the YP! Code of Conduct. The young person and I both agree that he or she is familiar with these rules and will obey them. We understand that the young person must be willing to attend the event and that YP! will not make exceptions or tolerate force. We further understand that violation of the code and our force policy could include immediate expulsion from the event, at the expense of the parent or guardian.

Parent/Guardian's Signature: _____

Printed Name _____ Date: _____