

TRANSFORM FROM **BYSTANDER** >> **UPSTANDER**

**Fearless! Youth Education Program**  
Application Summer 2022

**Participant's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grade Fall 2022: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

**Registrations Due:** Monday, June 27th  
**Notified Acceptance:** Friday, July 1st

**Parent/Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

**Questions or Submit Application:**

Contact MacKenzie Bachar  
Advocacy & Education Director

EMAIL: [mbachar@fearlesshv.org](mailto:mbachar@fearlesshv.org)

FAX: (845) 562-2216

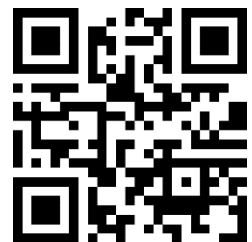
PHONE: (845) 562-5365, ext. 104

**Mailing Address:**

Attn: Education - SYLA  
Fearless! Hudson Valley  
P.O. BOX 649  
Newburgh, NY 12550

[fearlesshv.org/syla](http://fearlesshv.org/syla)

**APPLY ONLINE!**



**Please answer the following in short answer form.**

**If you need more space, please write on the back of this paper.**

What does being a leader in your school or community mean to you?

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Please list a strength you see in your community. How can you use this strength to create positive change?

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What is your understanding of systems of oppression and inequality? How do you see it affecting your community?

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Have you ever attended any Fearless! events, programs, classes, or workshops? If so, please tell us what you have participated in.

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Why do you want to participate in our **Summer Youth Leadership Academy** ?

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When was the last time you were confronted by a new idea or perspective? How did you react? How did the interaction impact you?

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Is there anything else you would like us to know about you?

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**Applicant's Signature:** \_\_\_\_\_



## Parent/Guardian Consent:

This week-long program aims to **inspire** and **empower** anyone in grades 9-12 to **learn** and **speak up** about bullying, gender oppression, the difference between healthy and unhealthy relationships, and **building solutions** for change.

Enrollment is free. Open to all Orange County high school students.  
**Participants will receive 30 hours of community service and a letter of recommendation for college and/or employment.**

I give \_\_\_\_\_ (teen's name) permission to participate in Fearless! 2022 Summer Leadership Academy: *From Bystander to Upstander*.

### Please indicate which hybrid session you would like to participate in:

- \_\_\_ **Session 1:** July 11<sup>th</sup>-15<sup>th</sup> at Fearless! Business Office: 280 Broadway, Newburgh  
\_\_\_ **Session 2:** July 25<sup>th</sup>-29<sup>th</sup> at Port Jervis Recreation Office: 135 Pike Street  
\_\_\_ **Session 3:** August 1<sup>st</sup>-5<sup>th</sup> at Sullivan Children's Home: 184 N. Main St, Liberty

The program will meet in person Monday, Wednesday, and Friday.  
Tuesday and Thursday, the program will meet virtually via Zoom.

**Please note:** Pending registration numbers, a program week may be condensed.

### Any Additional Needs?

Please include any special needs, such as allergies, medical conditions, or dietary restrictions.

### PHOTO CONSENT (optional)

I, \_\_\_\_\_ (parent/guardian's name), give permission for photographs to be taken of myself and/or my child to be used for Fearless! Hudson Valley purposes which may involve publicity and public relations. I understand these photos may be used in newsletters and social media, as well as other publications.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / 2022

## Pick-Up Authorization:

Name of Child(ren): \_\_\_\_\_

I hereby inform Fearless! Hudson Valley that the following people are authorized to pick up the above-named child(ren) from the Fearless! Summer Youth Leadership Academy.

### AUTHORIZED PICK-UP PERSON(S)

Name:	Relationship to Child:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\_\_\_\_ My child is allowed to drive themselves to and from the Academy.

\_\_\_\_ My child is allowed to walk to and from the Academy.

### I understand that:

- Parents/guardians must inform Fearless! Hudson Valley (call, send a note) if an individual other than one of the authorized people indicated above will be picking up their child that day.
- The "Authorized Pick-Up Person" must have a valid driver's license and may be asked to provide a photo ID to staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2022