

# Summer Youth Leadership Academy

## From Bystander to Upstander Fearless! Teen Dating Violence Prevention Program Application Summer 2020

### Participant's Information:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
GRADE FALL 2019 \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Parent/Guardian Information:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DAYTIME PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

### Emergency Contact Information:

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
DAYTIME PHONE #: \_\_\_\_\_  
2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
DAYTIME PHONE #: \_\_\_\_\_

### Zoe Mahan, Education Manager

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

FAX: (845) 562-2216

PHONE: (845) 562-5365, ext. 131

### MAILING ADDRESS:

Attn: Summer Leadership Academy  
Fearless! Hudson Valley  
P.O. BOX 649  
Newburgh, NY 12550

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

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 Teen Dating Violence? 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 ***From Bystander to Upstander*** with Fearless! Hudson Valley?

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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. Lunch and snacks are provided. 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.

## Confirmation:

I give \_\_\_\_\_ (teen's name) permission to participate in Fearless!' 2020 Summer Leadership Academy: *From Bystander to Upstander*.

**Fearless! is offering the leadership academy twice this year. Please check off which week your child is interested in attending.**

July 13-17, 2020 in Newburgh, NY

**OR**

August 3-7, 2020 in Port Jervis, NY

## 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: \_\_\_\_\_ / \_\_\_\_\_ / 2020

**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! Hudson Valley Summer Youth Leadership Academy.

**AUTHORIZED PICK-UP PERSON**

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 writers by the signers of this authorization.

Authorized by:

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

\_\_\_\_\_  
Date