

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

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?

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

What is your understanding of Teen Dating Violence? How do you see it affecting your community?

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

Why do you want to participate in ***From Bystander to Upstander*** with Fearless! Hudson Valley?

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

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

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 Sullivan 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 the week of:

July 27-31

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