

Foster Youth and Alumni Leadership Summit

ONE UNITED VOICE FOR CHANGE

SUMMIT PLANNING COMMITTEE

Attorney at Williams Kastner

Casey Family Programs

Children's Administration

Children's Home Society of WA

College Success Foundation

Columbia Legal Services

Commission on Children in
Foster Care

Youth/Alumni Delegates

The Mockingbird Network

University of Washington

Washington State CASA

Dear Ally,

You are invited to apply to attend the FOSTER YOUTH AND ALUMNI LEADERSHIP SUMMIT June 27-29 at Seattle University. The Summit is an all expense paid two-day leadership and skill-building opportunity, designed to support current and former foster youth.

The role of an Ally is described on page 2. Please fill out and send in your application by April 13, 2011.

If you have any questions, concerns or need help with anything, please contact the Foster Youth and Alumni Leadership Summit Assistant, Milissa Morgan at 206-407-2198 or email milissa@mockingbirdsociety.org. We look forward to receiving an application from you.

Thank you,

Summit Planning Committee

ENCLOSURES: Summit flyer
Summit application**Application is due Wednesday, April 13, 2011***to*

Foster Youth and Alumni Leadership Summit
Attention: Milissa Morgan
2100 24th Ave S, Suite 240
Seattle, WA 98144

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Ally Roles and Responsibilities

Allies are community members who share in the vision of a common goal with a group or organization. For the purposes of the Leadership Summit an ally will have a dual role. Allies will support current and former foster youth to develop their voice and perspective while establishing regional youth and alumni chapters. Allies second role at the Leadership Summit is to mentor and supervise youth age seventeen and younger. Allies will be assigned to groups based on their own geographical region.

An ally's role and responsibility during the Leadership Summit:

- Support youth and alumni by allowing their voice and perspective to be the driving force of the summit
- Participate in the Leadership Summit workshops and activities. Ensure that assigned youth are accounted for
- Attend the duration of the Leadership Summit and stay overnight at the Seattle University
- Provide around the clock supervision and mentorship to youth participants
- Ensure that youth participants follow Leadership Summit rules and expectations

An ally commits to providing regional chapters with the following:

- Support current and former foster youth in using their voice to drive the group process, any decisions, or projects
- Support the regional chapter by championing their mission in the community (including workplace if appropriate)
- Help address barriers current and former foster youth may encounter in the development and sustainability of a regional chapter
- Help lay the ground work for regional chapter's collaboration and partnership with community agencies
- Provide oversight and consultation to the regional chapter when needed
- Ensure that youth participants follow Leadership Summit rules and expectations

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Application

Section 1 - Applicant Information

First Name:

Middle Name:

Last Name:

Mailing Address:

Gender:

 Male Female

City:

State:

Zip Code:

Home Phone:

Work Phone:

Email:

Section 2 – Demonstration of Support

My participation for this year's Summit will be as a(n):

 Ally Peer Mentor Volunteer

Comments:

At the request of the local chapter I am willing to take a supportive role in the development of a foster youth/alumni action group in my area (explain).

Please describe ways you could help support a foster youth/alumni action group in your area.

Section 3 – Travel Arrangements

The Summit committee is currently working on a travel plan for participants. Please explain how you may be traveling to the summit.

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Section 4 - Applicant Agreement

I certify by my signature below that I am interested in attending the Washington Foster Youth and Alumni Leadership Summit. I understand that information collected in this application (except Section 6) will be used to evaluate my eligibility to attend.

Applicant Signature:

Date:

Section 5 – Mail the following forms by April 13, 2011

- Application
- Applicant Disclosure Statement
- Medical Information
- Consent and Release

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Section 6 –Optional Information

(This information is collected for research and program development purposes and will not be considered in the selection process).

Ethnicity:

(How you best describe yourself)

American Indian/Native American

African American/Black

Hispanic/ Latino

Caucasian/ White

Asian, Asian American, or Pacific Islander

Mixed Race (please specify):

Other (please specify) :

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Ally Medical Information

First Name:

Middle Name:

Last Name:

Please answer the following questions:

Participants will be sharing rooms, if you have special housing needs or need other accommodations please explain:

Please list any food allergies or dietary restrictions you have:

Please describe any medical or mobility restrictions you have:

Please describe what medications you will be bringing with you, when you will need to take them, and the phone number of your prescribing doctor:

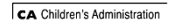
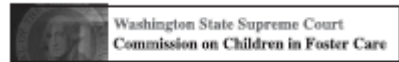
Please provide contact information for someone we can call in case of emergency:

Name:

Relationship:

Home Phone:

Work Phone:



Washington State CASA

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Consent and Release Form

I certify by my initials and signature below, that I have read and understand each item described here and agree to its terms.

Consent to Program Participation

I agree to attend the FOSTER YOUTH AND ALUMNI LEADERSHIP SUMMIT from June 27-29, 2011 at Seattle University. **Please Initial _____**

Release of Liability

I release the FOSTER YOUTH AND ALUMNI LEADERSHIP SUMMIT ("Program"), The Center for Children & Youth Justice, the Summit Planning Committee, Mockingbird Society (MBS), Casey Family Programs (CFP), the Commission on Children in Foster Care (CCFC), Children Administration (CA), Court Improvement Program (CIP) and Seattle University, and their respective directors, officers, agents, and employees (collectively, "Releases") from liability for any loss, damage, injury or illness resulting from my participation in this activity. I promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releases or any of them. I remain fully responsible for any of my actions. **Please Initial _____**

Consent to Medical Care

In the case of injury or illness, I authorize Program representatives to seek all necessary medical attention for my safety. I hereby authorize and give consent to any licensed physician or health care provider, to perform upon or administer any reasonably necessary medical treatment to me. This authorization is intended to cover emergency treatment, injections, and minor procedures. I also give permission to administer any necessary or advisable anesthetic during a medical procedure. This permission is good only while I am participating in the Program. In such case, I understand that my insurance carrier or I will be responsible for any and all medical expenses incurred. **Please Initial _____**

Release of Information

I further understand that the information submitted to the Summit Planning Committee may be shared between the CFP staff, MBS staff, CCFC staff, my caregiver(s), and social worker(s), Washington State Independent Living Programs and the Department of Social and Health Service. **Please Initial _____**

Release of Media Coverage

I further understand that as a FOSTER YOUTH AND ALUMNI LEADERSHIP SUMMIT participant, media coverage may be involved. I hereby release any claim I may have surrounding rights to my name, image, voice, or likeness, and I agree that the Program, MBS, CFP, CCFC, and Cedarbrook may use my name, image, voice, or likeness in connection with publicity for the program. **Please Initial _____**

Print Name: Phone Number:

Signature: _____ Age: Date:

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Foster Youth and Alumni Ally Applicant Disclosure Statement

(See RCW 26A.400.303-340, RCW 43.43.830-834)

INSTRUCTIONS: Please answer all questions on this form. All required documentation requested below must accompany this statement. Your application will not be accepted without this completed and signed form. Completion of this form is required for all applicants.

First Name:

Middle Name:

Last Name:

Social Security Number:

For purposes of the following subsections, the term "convicted" includes all instances in which a plea of guilty or nolo contendere or stipulation to facts or deferred or suspended sentence occurred.

Have you ever been convicted of any crime against children or other persons?

Yes No, I have not been convicted of any crime(s) listed below.

If Yes, please check any of the following for which you have been convicted:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aggravated Murder | <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> First Degree Arson |
| <input type="checkbox"/> First, Second or Third Degree Rape of a Child | <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct | <input type="checkbox"/> First, Second, or Third Degree Rape |
| <input type="checkbox"/> First Degree Burglary | <input type="checkbox"/> First or Second Degree Murder | <input type="checkbox"/> First or Second Degree Kidnapping |
| <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> First or Second Degree Extortion |
| <input type="checkbox"/> First Degree Promoting Prostitution | <input type="checkbox"/> First or Second Degree Robbery | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> Fourth Degree Assault or Simple Assault | <input type="checkbox"/> First or Second Degree Manslaughter | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Incest | <input type="checkbox"/> Criminal Mistreatment |
| <input type="checkbox"/> First, Second, or Third Degree Child Molestation | <input type="checkbox"/> Communication with a Minor | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> First or Second Degree Sexual Exploitation of Minors | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Selling or Distributing Erotic Material to a Minor | <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Misconduct with a Minor | <input type="checkbox"/> First or Second Degree Sexual | <input type="checkbox"/> Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Felony Indecent Exposure |
| | | <input type="checkbox"/> Custodial Assault |

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Any falsification or any misrepresentation or omission of facts shall be sufficient cause for disqualification of your application. Furthermore, it is understood that this form and records become the property of the Washington Foster Youth and Alumni Leadership Summit Planning Committee, which reserves the right to accept or reject it. A criminal history on all applicants considered to participate in the Washington Foster Youth and Alumni Leadership Summit, shall be requested through Washington State Patrol W(Washington) A(Access) T(to) C(Criminal) H(History).

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. In consideration of Washington Foster Youth and Alumni Leadership Summit Planning Committee's review of this application, I release this planning committee and all providers of information from any liability as a result of furnishing and receiving any of the above information.

I understand that my participation is conditioned on the completion of the above act and, until such time as it is completed, my participation shall only be on a provisional basis.

Dated this day of , 2011 at , Washington.

First Name (please print):

Middle Name:

Last Name:

Signature:

Date of Birth:

Your application will not be complete if this form is not completed and signed.

Please make sure you have answered all the questions and have signed/dated the form.

Return all applications materials by April 13, 2011