



Washington State CASA

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 Applicant,

You are invited to apply for the Fifth Annual Foster Youth and Alumni Leadership Summit which will be held on June 27-29, 2011. This is an all inclusive two day retreat at the beautiful Seattle University in Seattle, WA. The goal for this Summit is for you to make a difference in the foster care system.

The Summit is a skill-building opportunity, designed to help current and former foster youth sustain local foster youth and alumni chapters across the state. These chapters will enable current and former foster youth to use their voice and unique perspective to create change in their lives and in the larger foster care system.

Participants will learn strategies on how to use their voice effectively, practice those strategies, and have an opportunity to share their messages with state policy makers.

You will also have opportunities to meet and develop relationships with others in the foster care system. These relationships will assist you in better understanding the needs in foster care and the confidence that your voice will make a difference.

If you have any questions, concerns or need help with anything, please contact the Mockingbird Network Assistant, Milissa Morgan, at 206-323-5437 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



The Mockingbird Society



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Frequently Asked Questions

1. What is the Foster Youth and Alumni Leadership Summit?

The Leadership Summit is a skill-building opportunity for current and former foster youth and their allies. Foster youth who are interested in sustaining local foster youth and alumni chapters can elevate their voice and unique perspective to create change in their lives and the lives of others who have or who will experience foster care. All travel expenses and participation costs will be paid.

2. Who should complete an application?

Applicants must meet the following eligibility requirements:

- A member of or interested in joining a local foster youth and alumni chapter
- Currently one of the following:
 - A foster youth age 14 or older
 - A former foster youth age 24 or younger

3. What if I am a Volunteer, Ally or Alumni over the age of 24 and believe in the Leadership Summit goals?

Please fill out the Volunteer/Ally application and/or contact Milissa Morgan to have one mailed to you. Former foster youth over the age of 24 are encouraged to request an application.

4. What types of activities will be at the Leadership Summit?

Participants will learn how to use their voice effectively to get their needs met in and out of the system. Participants will meet with other current and former foster youth, identify issues important to them, and express their ideas to state policy makers.

5. When is the application deadline?

Applications must be sent (or postmarked) by **Wednesday, April 13, 2011**

Send application to:

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

6. When will I hear the results?

The Summit Planning Committee will notify all applicants, in writing, of the selection decisions by no later than **Wednesday, May, 2011**. Selected participants will need to complete and return their registration forms to attend.

For additional information, questions, concerns or application requests, please call **206-323-5437** or email Milissa Morgan at milissa@mockingbirdsociety.org.



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Foster Youth and Alumni Leadership Summit Application

Section 1 – Applicant Information

First Name:

Middle Name:

Last Name:

Mailing Address:

Gender:

Male Female

Date of Birth:

Age:

City:

State:

Zip Code:

Home Phone:

Other Phone:

Email:

Attended the Summit Before:

Yes No

What foster group/Mockingbird Network Chapter have you participated in?:

Section 2 – Information Sharing: What is the best way for us to contact you? (Check all that apply)

Email

Phone

Mail

Other

Section 3 – Please indicate if you are an alumni or current foster youth:

Alumni: a person no longer in foster care

Foster youth: a person still officially in the foster care system

Section 4 – Caregiver Information (please complete only if you are a youth). Otherwise proceed to section 6.

Caregiver's Name:

Phone:

Email:



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Section 5 – Social Worker Information (please complete only if you are a youth currently in foster care).

Social Worker's Name:

Phone:

Address (if applicable):

Email:

Section 6 – References

Professional (teacher, counselor, employer, etc)

Reference Name:

Phone:

Email:

Relationship to you:

Personal (friend, co-worker, relative, caregiver, etc)

Reference Name:

Phone:

Email:

Relationship to you:

Section 7 – Essay Questions

Please answer the following questions using a **separate** piece of paper. After reviewing these answers one participant will be chosen to spend a day with Secretary Dreyfus. The participant will be notified at The Foster Youth and Alumni Leadership Summit.

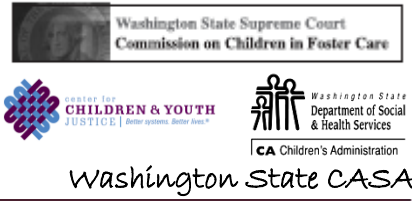
1. Why do you want to attend the Annual Leadership Summit?
2. What would you tell a state policy maker about how to make foster care better?
3. What does leadership mean to you and how do you see yourself as a leader.

Section 8 – 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 9) will be used to evaluate my eligibility to attend.

Applicant Signature:

Date:



Foster Youth and Alumni Leadership Summit

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Section 9 – 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 below)

Other (Please specify):

Youth 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:



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CA Children's Administration

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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:



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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 on 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, The Mockingbird Society (MBS), Casey Family Programs (CFP), the Commission on Children in Foster Care (CCFC), Children Administration (CA), Court Improvement Program (CIP) and the 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 the Seattle University may use my name, image, voice, or likeness in connection with publicity for the program. **Please Initial** _____

Print Name _____ Phone number (____) _____

Signature _____ Age _____ Date _____

A guardian signature is required only if you are under age 18. Your social worker should sign as your guardian if DSHS is your legal guardian.

*Guardian Name (print) _____ Phone number (____) _____

*Guardian Signature _____ Date _____