

# Join the **YOUTH POWER!** Network and Help Us Say **NOTHING ABOUT US WITHOUT US!**



**YOUTH POWER!** is the New York State Network of young people with disabilities and/or social-emotional challenges. Together we have decided to speak up about our experiences because no one knows what it is like for us better than we do. Through peer to peer mentoring, we empower young people to be active citizens, aware of government operations, their rights and the ability to use their voices to influence policies, practices, regulation and law. We are young people helping other people, ensuring availability of self-help, peer support and changing systems so that young people get the support they need with the respect and dignity they deserve.

## **What we offer:**

- ★ Training and Support to Youth, Youth Groups and Organizations
- ★ Youth Leadership & Advocacy Activities and Opportunities
- ★ Networking and Promotion

## **Benefits of membership:**

- ★ Be in the loop. Get all the latest information about things that are important to young people. This includes Action Alerts which let you know about important things you may want to speak up about as well as opportunities for advocacy and input.
- ★ Help set our Policy Agenda and advocacy priorities.
- ★ Help grow the movement & shape our network to make sure the next generation of youth has it a little better than we do.
- ★ All of the work you put in helps to build your skills and your resume!

## **Who can be a member?**

- ★ Young people ages 14-24 with a disability or social/emotional challenge
- ★ Young adults ages 25-28 who have experience in the state child serving systems and are transitioning to adulthood
- ★ People who live in the State of New York
- ★ People who have a need to be involved and raise their voice for change
- ★ People above 28 are welcome to join as Peer Allies. As a Peer Ally you must have a history of a disability as a youth and have had experience in child serving systems. You may only join if want to support the youth voice and assist the youth movement to grow, without taking over the youth voice. This membership role is that of a mentor only.

## **To learn more about us please contact us:**

Phone: 518-598-2467 Toll Free: 1-888-326-8644  
Stephanie Orlando, Director [sorlando@ftnys.org](mailto:sorlando@ftnys.org) x21  
Dally Sanchez, Coordinator [dsanchez@ftnys.org](mailto:dsanchez@ftnys.org) x34

**Please fill out the attached form to join today!**



# YOUTH POWER!

737 Madison Avenue  
Albany NY, 12208  
1-888-326-8644  
Fax: 518-434-6478  
www.ftnys.org

## MEMBERSHIP REGISTRATION FORM

***Information provided is considered confidential and will not be shared with others outside the YOUTH POWER! (YPI!) staff and the Executive Committee of the YPI! Advisory Board.***

Please fill in as much of the form as you are able. We will use this information to add you to our mailing list, get to know your interests, and to inform you of events and activities in the YOUTH POWER! network. **Please return your membership form to YOUTH POWER!, 737 Madison Avenue, Albany NY 12208, Fax: 518-434-6478**

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

Gender:  M  F  TransG Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Area:  Rural  Suburban  Urban

Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Do you want mail to go to another address (i.e. school, residential, office)?

Yes  No If yes, please tell us:

Alternate address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

What is the best way to contact you?

E-Mail  Regular Mail

Telephone Best times to call:  Morning  Afternoon  Evening

Are you a (check one):  Youth ages 13-24  Young adult ages 25-29

Peer Ally age 30+ and had a disability as a youth

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***The remainder of this form is optional and will remain confidential.  
It helps us now some important things about our membership demographics.***

What kind of disability do you have? (Check as many as apply)

- Mobility     Hearing     Visual     Learning     Emotional/Behavioral  
 Cognitive     Health     Other *please tell us:* \_\_\_\_\_

Would you want materials in the future to be in Alternative formats?

- Yes     No

If yes, tell us what format (i.e. Large Print, Braille, etc.): \_\_\_\_\_

Which race/ethnic group do you identify with the **MOST**? (Check one)

- African American     Asian/Pacific Islander     European/Caucasian  
 Hispanic/Latin     Native American     Other *specify:* \_\_\_\_\_

**Other Information**

Have you attended and/or participated in other YP! events or activities in the past?

- Yes     No

If yes, please tell us which ones and what year (List all that you remember):

Event/Activity \_\_\_\_\_ Year \_\_\_\_\_

Event/Activity \_\_\_\_\_ Year \_\_\_\_\_

Event/Activity \_\_\_\_\_ Year \_\_\_\_\_

Event/Activity \_\_\_\_\_ Year \_\_\_\_\_

What systems have you been involved in? Check all that apply)

- Department of Social Services (foster care, child protective services etc.)
- Mental Health (Therapy services, SPOA, Psychiatric services, etc.)
- Developmental Disabilities
- Juvenile Justice (PINS, detention centers, probation, etc.)
- Residential placement (nursing homes, rehab centers, detention centers, OMH facilities, etc.)
- Special Education (VESID services, have an IEP, etc.)
- Department of Health

Are you a member of a local youth group?  Yes  No

If yes, which one? \_\_\_\_\_

Would you be willing to participate in speaking opportunities like speak outs, panels and workshops and can we contact you about them?

- Yes  No

What YP! activities are you interested in? (check all that apply)

- Media Outreach (newsletter, publications, websites)
- Action Group – Speak Out (Take action and develop our policy agenda to improve systems like Education, Health Care and Mental Health)
- Special events planning (plans events for youth leaders)
- YP! Advisory Board (Guides YP! work and activities, includes additional mentoring and opportunities)

Thank You and Welcome to the **YOUTH POWER!** Network!  
Remember to return your form to:

**YOUTH POWER!, 737 Madison Avenue, Albany NY 12208**  
**Fax: 518-434-6478 ★ Email: youthpower@ftnys.org**