



# Summer Youth Leadership Academy

From Bystander to Upstander: How Do Oppression and Identity Impact Your Community?

SAFE HOMES OF ORANGE COUNTY TEEN DATING VIOLENCE  
PREVENTION PROGRAM

## APPLICATION: Summer 2019

### Participant's Information:

PREFERRED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

GRADE FALL 2019 \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Parent/Guardian Information:

PREFERRED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### Emergency Contact Information:

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

**IMPORTANT:** Applicants must answer the questions on the attached sheet in short-answer form in order to be considered for the Academy. All parents/guardians must complete the attached consent form. After completion, **email, fax, or mail** all pages to Kodi. Applications are due **June 15th** and accepted applicants will be notified by **June 22nd**. **We are accepting early submissions.**

### Kodi Haney, Community & Youth Educator

EMAIL: [khaney@SafeHomesOrangeCounty.org](mailto:khaney@SafeHomesOrangeCounty.org)

FAX: (845) 562-2216

PHONE: (845) 807-0397

### MAILING ADDRESS:

Attn: Summer Leadership Academy

Safe Homes of Orange County

P.O. BOX 649, Newburgh, NY 12551

**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 Safe Homes 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 Safe Homes of Orange County?

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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.

**Open to all Sullivan County high school students.**

**Enrollment is free. Lunch and snacks are provided.**

**Participants will receive 30 hours of community service and a letter of recommendation for college and/or employment.**

*This program is funded in part by a grant from NYS Office of Children and Family Services, through the Sullivan County Youth Bureau.*

## Confirmation:

I give \_\_\_\_\_ (teen's name) permission to participate in Safe Homes' 2019 Summer Leadership Academy: *From Bystander to Upstander*.

## Safe Homes is offering the leadership academy:

July 22-26, 2019 in Monticello, NY

9am-4pm

## 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 Safe Homes of Orange County 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:** \_\_\_\_\_ / \_\_\_\_\_ / 2019



P.O. Box 649, Newburgh, NY 12551  
Business 845.562.5365 • Fax 845.562.2216



Orange County Hotline (845) 562-5340  
Sullivan County Hotline (845) 292-5700

**PICK-UP AUTHORIZATION**

Name of Child(ren): \_\_\_\_\_

I hereby inform Safe Homes of Orange County that the following people are authorized to pick up the above named child(ren) from the Safe Homes of Orange County 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 Safe Homes of Orange County (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