



The Mockingbird Society



OCTOBER 25 & 26, 2008

SEATTLE, WASHINGTON

Foster Youth and Alumni Leadership Summit

ONE UNITED VOICE FOR CHANGE

SUMMIT PLANNING COMMITTEE

Casey Family Programs

Dear Applicant,

Children's Administration

You are invited to apply for the THIRD ANNUAL FOSTER YOUTH AND ALUMNI LEADERSHIP SUMMIT which will be held on October 25 & 26, 2008. This is an all inclusive two day retreat at the beautiful Cedarbrook Leadership Center in Seattle. The goal for this Summit is for you to make a difference in the foster care system.

College Success Foundation

Commission on Children in Foster Care

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.

Foster Parents Association of Washington State

Girl Scouts of Western Washington

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.

Youth/Alumni Delegates

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.

Mockingbird Society

Treehouse

If you have any questions, concerns or need help with anything, please contact the Foster Youth and Alumni Leadership Summit Program Coordinator, Kara Sanders, at 206-838-6660 or email leadershipsummit@mockingbirdsociety.org. We look forward to receiving an application from you.

YMCA Adult Services

Thank you,

Summit Planning Committee

ENCLOSURES: Summit Frequently Asked Questions
Summit application



OCTOBER 25 & 26, 2008

SEATTLE, WASHINGTON

Foster Youth and Alumni Leadership Summit

ONE UNITED VOICE FOR CHANGE

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 experienced foster care. All travel expenses and participation costs will be paid.

Who should complete an application?

Applicants must meet the following eligibility requirements:

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

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 Kara Sanders to have one mailed to you. Former foster youth over the age of 24 are encouraged to request an application.

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.

When is the application deadline?

Applications must be sent (or postmarked) by Friday, August 29, 2008

Mailing Address: **Foster Youth and Alumni Leadership Summit**

Attention: Kara Sanders

2100 24th Ave S, Suite 240

Seattle, WA 98144

When will I hear the results?

The Summit Planning Committee will notify all applicants, in writing, of the selection decisions by no later than Friday, September 19, 2008. Selected participants will need to complete and return their registration forms to attend.

Questions/concerns or application requests, call 206-838-6660 or Email leadershipsummit@mockingbird.org.

Applications are due Friday, August 29, 2008



The Mockingbird Society



OCTOBER 25 & 26, 2008

SEATTLE, WASHINGTON

Foster Youth and Alumni Leadership Summit

ONE UNITED VOICE FOR CHANGE

FOSTER YOUTH AND ALUMNI APPLICATION

Section 1 - Applicant Information

First Name:	Middle Name:	Last Name:	Date of Birth:	Age:
Mailing Address:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City:	State:	Zip Code:	Attended the Summit before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Other Phone:	Email:		
What foster group/chapter do you or have you participated with?				

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

<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> Other
--------------------------------	--------------------------------	-------------------------------	--------------------------------

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

<input type="checkbox"/> Alumni: a person no longer in foster care
<input type="checkbox"/> 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:	

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:

Applications are due Friday, August 29, 2008



The Mockingbird Society



OCTOBER 25 & 26, 2008

SEATTLE, WASHINGTON

Foster Youth and Alumni Leadership Summit

ONE UNITED VOICE FOR CHANGE

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.

Why do you want to attend the Third Annual Leadership Summit?

What would you tell a state policy maker about how to make foster care better?

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:
----------------------	-------

Application due Friday, August 29, 2008

Mail: Foster Youth and Alumni Leadership Summit

Attention: Kara Sanders

2100 24th Ave S, Suite 240

Seattle, WA 98144

Applications are due Friday, August 29, 2008



The Mockingbird Society



OCTOBER 25 & 26, 2008

SEATTLE, WASHINGTON

Foster Youth and Alumni Leadership Summit

ONE UNITED VOICE FOR CHANGE

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)		
<input type="checkbox"/> American Indian/Native American	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Asian, Asian American, or Pacific Islander	<input type="checkbox"/> Mixed Race (please specify):
<input type="checkbox"/> Other (please specify):		

Applications are due Friday, August 29, 2008



The Mockingbird Society



OCTOBER 25 & 26, 2008

SEATTLE, WASHINGTON

Foster Youth and Alumni Leadership Summit

ONE UNITED VOICE FOR CHANGE

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: _____

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: _____

Applications are due Friday, August 29, 2008



The Mockingbird Society



OCTOBER 25 & 26, 2008

SEATTLE, WASHINGTON

Foster Youth and Alumni Leadership Summit ONE UNITED VOICE FOR CHANGE

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 October 25 & 26, 2008 at Cedarbrook Leadership Center. **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, Casey Family Programs (CFP), the Commission on Children in Foster Care (CCFC), Children Administration (CA), Court Improvement Program (CIP) and Cedarbrook Washington Mutual Leadership Center (Cedarbrook), 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, 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, 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 _____

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

*Guardian Signature _____ 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.*