

# YES



youth empowerment services

## YES: YOUTH EMPOWERMENT SERVICES

- For students who attend Concord High School, Merrimack Valley High School, Pembroke Academy, or Manchester West High School.
- For young adults up to the age of 22 in Concord, Pembroke and Manchester.

The goal of the Youth Empowerment Services (YES) series is to support self-advocacy and leadership skills in youths with and without disabilities and their family members who wish to affect change at a personal, community, and statewide level to support the full inclusion of all individuals.

*We want to let you know about what you can expect by participating in this series.  
Please keep this page for your records.*

### Participants can expect to:

- ★ Become connected to current participants and past participants and promote and build relationships within your school and community.
- ★ Learn and be able to use effective leadership strategies which promote and support change.
- ★ Interactive sessions presented by respected leaders in community organizing, leadership development, futures planning, and best practices in the inclusion of people with disabilities.

Session	Date(s)
Session 1: Endless Possibilities	Tuesday, January 19, 2010 5:00– 8:00 PM
Session 2: Share your Stories/History of Disabilities in NH	Tuesday, February 16, 2010 5:00 PM -8:00 PM
Session 3: Future Plan/Developing Your Personal Plan	Tuesday, March 16, 2010 5:00-8:00 PM
Session 4: Citizenship / Community Organizing	Tuesday, April 20, 2010 5:00-8:00 PM
Session 5: APEX Leadership Transition to Adult Life, Attitash Grand Summit Hotel, Bartlett, NH	August 18 & 19 2010 2 day event

### What We Expect From You:

- ★ A commitment to attend **all** sessions.
- ★ Arrive on time and stay for the complete session.
- ★ Respond in a timely fashion to correspondence from YES staff.
- ★ Participate in all learning experiences provided by the series, both during sessions and between sessions in the form of field assignments.
- ★ Collaborate with other learners to complete assignments.
- ★ Complete evaluations for each session.
- ★ To become mentors to other youth in your community.

# YOUNG ADULT APPLICATION

## YES: YOUTH EMPOWERMENT SERVICES

NOTE: **This application is available in other formats.** Please let us know if you prefer to complete this application via personal or phone interview, or if you would like the application in large print, Braille, or audio tape.

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

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

\_\_\_\_\_

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

Are you a: \_\_\_\_\_ H. S. / GED Student      School Attending: \_\_\_\_\_  
\_\_\_\_\_ H. S. Graduate / GED      School Graduated From: \_\_\_\_\_  
\_\_\_\_\_ Non Graduate  
\_\_\_\_\_ College Student

What is the best way to contact you?

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Texting? \_\_\_\_\_

Email address: \_\_\_\_\_

If accepted, please let us know about supports you may need to be successful.  
*(Please note that your need for support to attend **does not**, IN ANY WAY, effect the way in which your application is reviewed.)*

- I do not have access to transportation.
- It would be a financial hardship for me to pay for the gas that will be required to get to each session.
- I would need financial aid to help pay for my support needs while I attend YES.
- I need learning accommodations to fully participate in each session.
- There are other barriers not mentioned above that may get in my way.  
(If there are, please explain here)

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\_\_\_\_\_  
\_\_\_\_\_

# YOUNG ADULT APPLICATION

## YES: YOUTH EMPOWERMENT SERVICES

*Next, we want to get to know you—so we ask you these questions.  
Be honest, be creative, and tell us what you really think!*

1. Tell us about...

A) Yourself and your family:

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B) What you are most proud of. You can include interests and hobbies:

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C) Your experience in leadership roles:

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D) What you think are the characteristics of a good leader:

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2. What gifts, hopes, and fears do you bring to the YES series?

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3. What are your future goals or dreams - explain?

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4. What do you hope to gain from this series?

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5. Is there anything else you would like to share with us?

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6. Do you have a Personal Futures Plan or School Transition Plan?  Yes  No  
If yes, please attach.

*Thank you for your interest in YES. To return this application, please mail/ download and email to:*

*Thanks!*

**UNH Institute on Disability**  
**YES Applications**  
56 Old Suncook Road, Ste 2  
Concord, NH 03301  
(603) 228-2084  
deborah.genthner@unh.edu

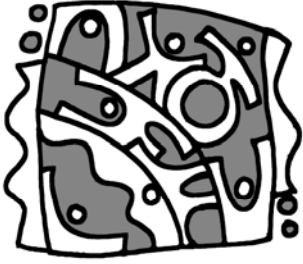


*Thanks!*

Frank Sgambati – Project Director  
Deb Genthner – Project Coordinator

[www.yesleadership.org](http://www.yesleadership.org)  
Find us on FACEBOOK

# YES



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## FUTURE PLANNING FOR YES FAMILIES

An educational series is offered in collaboration with YES for parents, guardians, and/or family members who want to have a role in assisting their son or daughter in achieving their goals toward a more fulfilling and rewarding life. As part of the grant stipulation, parents/guardians of the young adults with disabilities are **required** to take part in these sessions.

*Please keep this page for your records.*

**The sessions will cover the following areas and are scheduled to occur on:**

- **April 8, 2010 – 5:30 to 8:30**
- **May 6, 2010 – 5:30 to 8:30**
- **Future Plan – Your son/daughter will be developing a Future Plan, you may be asked to attend or assist in setting up for this session.**

### **Topics for discussion:**

- ★ Thinking outside the box
- ★ Future Planning
- ★ Tools for Planning
- ★ Designing Supports and Services
- ★ Using Resources Wisely

### **Participants will learn:**

- ★ About tools that can help you clarify the types of opportunities you would like to create for your family member.
- ★ To increase your awareness of the options that are available within the community and the adult service system.
- ★ To enhance your ability to access, negotiate, and use "system" financial resources to help fund opportunities for your family member.

### **What We Expect From You**

- ★ **Attend all** parent sessions
- ★ Complete field work assignments (if required)
- ★ Complete evaluations

# PARENT / GUARDIAN / FAMILY MEMBER APPLICATION

## FUTURE PLANNING FOR YES FAMILIES

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

Name of family member applying to YES Series:  
\_\_\_\_\_

Relationship to YES Participant: \_\_\_\_\_

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

What is the best way to contact you?

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Texting? \_\_\_\_\_

Email address: \_\_\_\_\_

*We want to get to know you and your family—so we ask you these questions.  
Be honest, be creative, and tell us what you really think!*

1. Tell us a little about your family:

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2. What would help make you a more effective advocate for your son / daughter / family member?

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# PARENT / GUARDIAN / FAMILY MEMBER APPLICATION

## FUTURE PLANNING FOR YES FAMILIES

3. Do the goals you have for your son or daughter match his or her goals? Please explain; give examples.

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4. How will you measure the success of the series?

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5. Is there anything else you wish to share?

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*Thank you for your interest in YES. To return this application, please mail/download and email to:*

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*Thanks!*

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