



iDECIDE Delaware Youth Leadership Initiative New Member Application

Name: _____

Address: _____

Phone: _____ Email: _____

Birth Date: _____

Grade in School: _____

Diagnosis/Disability: _____

Please answer the following questions:

Why would you like to be a part of the iDECIDE Youth Leadership Initiative?

What has been your experience in school as a youth navigating special education?

What other leadership activities have you participated in (councils, clubs, boards, groups, peer mediation, etc.)?

Do you have any experience with public speaking?

Are you willing to speak in public about your journey?

PARENT INFORMATION CENTER OF DELAWARE - 6 LARCH AVE, STE 404 WILMINGTON, DE 19804

TEL (302) 999 7494 **FAX** (302) 999 7637 **EMAIL** PICOFDDEL@PICOFDDEL.ORG

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What changes would you like to see for youth who have mental health needs or who receive Special Education services (i.e., in schools, communities, families, health care, laws, among peers)?

What are your interests and talents, or extracurricular activities you are involved in (sports, after school activities, etc.)?

Is there anything else you would like to share?

Do you have any questions about the Youth Advisory Board?

Please return this completed form to:
Harley Doolittle at HDOOLITTLE@PICOFDL.ORG
iDECIDE Youth Leadership Initiative Advisors

Mission Statement:

Our mission is to educate students with disabilities on how to interact with their communities and benefit from them.



iDECIDE Delaware Youth Leadership Initiative

Looking at ways for youth to participate in how services are developed and provided.

We hope to make a difference by:

- Reducing the stigma associated with a disability
- Students will be educating each other on the issues they face
- Exploring different solutions that can solve some of the issues youth with disabilities face in their community (students will be given the freedom to drive their conversations)
- Advocating for better services
- Providing peer support
- Being better self-advocates
- Creating a youth presence in an adult dominated world
- Developing our own leadership skills

Current activities:

- Meeting MONTHLY
- Conferences, staff trainings, and other public speaking opportunities
- Giving our input on articles, publications, and to youth and family serving organizations
- Participating in volunteer activities related to Special Education

Youth having a voice and making a difference! Nothing about us, without us!

Policies and Procedures

Membership Criteria:

1. Must be 14-22 years old and pursuing a diploma, a GED, or in a transition program.

Note: After a member exits high school, he or she is no longer eligible to be iDECIDE Youth Leadership Initiative member. However, he or she may be asked to become a Mentor to the Youth Leadership Initiative. Mentors will be able to participate in Youth Leadership Initiative activities in a limited manner.

2. Must receive Special Education Services.

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Duties

1. Must attend all meetings and events unless excused (contact Harley Doolittle at HDOOLITTLE@PICOFDEL.ORG).
2. Complete Membership Application.
3. Each member is expected to be willing to participate in project assignments and advocacy opportunities.

Code of Conduct

- All iDECIDE Youth Leadership Initiative members will treat each other and PIC staff with dignity and respect. Any violent, threatening, discriminatory, or harassing behavior is cause for dismissal from the iDECIDE Youth Leadership Initiative.
- Youth Advisory group members should notify the iDECIDE Youth Leadership Initiative Advisor of any unresolved conflict among members. Any member can report a conflict.
- The Advisor will work with the members on a fair and equitable solution to the conflict.
- All iDECIDE Youth Leadership Initiative members are required to adhere to a strict no alcohol or chemical use of any kind while participating in iDECIDE Youth Leadership Initiative activities.
- PIC is an affirmative action and equal employment opportunity employer.

Application for the Youth Advisory Group:

All applicants for the Youth Advisory Group must sign and return all paperwork to participate in any events or activities that require paperwork to confirm their participation.

Liability Limitations

1. Neither PIC staff nor any of its agents shall be held responsible for any emotional or physical disturbance that occurs while at the PIC office (or location PIC host a seminar), or relating to a PIC activity.
2. Neither PIC nor any of its agents shall be held responsible for any extra charges not specified that may occur while attending a PIC event.
3. Neither PIC nor any of its agents are responsible for any incident preceding or following a PIC event.



iDECIDE Delaware Youth Leadership Initiative

4. iDECIDE Youth Leadership Initiative members under the age of 18 may be asked to leave any PIC event at the judgment of the iDECIDE Youth Leadership Initiative Advisor. Parents or guardians must be available to pick up their member.
5. iDECIDE Youth Leadership Initiative members over the age of 18 may be asked to leave any event at the judgment of the iDECIDE Youth Leadership Initiative Advisors. In this case, the member is responsible for his or her own transportation to leave the event if they are dismissed.

I hereby agree to the policies and procedures outlined in this document.

iDECIDE Youth Leadership Initiative Member

Date

Parent/Guardian if applicant is under 18

Date

iDECIDE Youth Leadership Initiative Advisor

Date

Parent/Guardian Permission Form

I give permission for my son/daughter _____ to participate in the following activity for the iDECIDE Youth Leadership Initiative at PIC of Delaware.

Signature

Date



iDECIDE Delaware Youth Leadership Initiative

Activity:

Time:

During this activity I can be reached at the following phone number:

If I cannot be reached, and in the event of an emergency, the following person is authorized to act on my behalf:

Name and Phone:

Relationship to my son/daughter:

Liability Release

I _____, the parent/guardian of _____

hereby release PIC of Delaware from any liability related to an accident involving my son or daughter while participating in this activity.

Parent/Guardian Signature: _____

Date: _____

PIC of Delaware Photo Release Permission Form

I give unconditional permission to PIC of Delaware, Inc. to photograph me and my child(ren) and to use the photograph(s) for general education about PIC, children and adults with disabilities, and for fundraising purposes.

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iDECIDE Delaware Youth Leadership Initiative

Name(s) of person(s) in photographs:

Signature of person giving permission: _____

Date: _____

Address:

City: _____ State: _____ Zip: _____

_____ Phone: _____

PIC: Description of photograph(s): _____

Emergency Contact Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact Persons

Name: _____

Relationship to iDECIDE Youth Leadership Initiative Member: _____

Phone: _____

Name: _____

Relationship to iDECIDE Youth Leadership Initiative Member: _____

Phone: _____

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iDECIDE Delaware Youth Leadership Initiative

Emergency Health Care Information

Please provide us with whatever information you feel would aid us in helping you in a medical / mental health emergency. This is NOT mandatory information.

Name of doctor or clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Allergies: _____

Special Instructions: _____

Hospital Preference: _____

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