

**Attention all registrants, and their guardians:**

After careful consideration and consultation, Fearless! has made the decision to continue to host our Summer Youth Leadership Academy (SYLA) in the same manner as we did in 2020. The health and safety of the students is our top priority and our education team is working to ensure that students will have the opportunity to engage in important conversations, learn and develop their own plan to create change in their communities with new and exciting material and activities during this transitional phase for our communities. This year SYLA will continue to take place virtually via Zoom, with additional in-person office hours. Previously SYLA took place over one week, our 'new' virtual SYLA has and will take place over four weeks. Students will not be required to log onto a computer all day, or even every day, as that is not conducive for healthy learning. Twice a week, students will be required to join Zoom for a live-virtual workshop with our educators, and for small group discussions and activities. Once a week students will join Fearless! educators in person during office hours for deeper conversation, team building, and hands on activities. **SYLA will run from July 12th to August 6th.**

If you have any questions about the mixed-platform Summer Youth Leadership Academy, please reach out to our Education Manager, Jasmine Carmelitano, for additional information.

[jcarmelitano@fearlesshv.org](mailto:jcarmelitano@fearlesshv.org) 845-562-5365 ext. 131

# Summer Youth Leadership Academy

## From Bystander to Upstander

### Fearless! Teen Dating Violence Prevention Program

#### Application Summer 2020

#### Participant's Information:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
GRADE FALL 2019 \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

#### Parent/Guardian Information:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DAYTIME PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

#### Emergency Contact Information:

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
DAYTIME PHONE #: \_\_\_\_\_  
2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
DAYTIME PHONE #: \_\_\_\_\_

**Jasmine Carmelitano, Education Manager**

EMAIL: [jcarmelitano@fearlesshv.org](mailto:jcarmelitano@fearlesshv.org)

FAX: (845) 562-2216

PHONE: (845) 562-5365, ext. 131

#### MAILING ADDRESS:

Attn: Summer Leadership Academy  
Fearless! Hudson Valley  
P.O. BOX 649  
Newburgh, NY 12550

**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 Fearless! 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 Fearless! Hudson Valley?

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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 four-week 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.

Enrollment is free. Open to all Orange and Sullivan County high school students. **Participants will receive 30 hours of community service and a letter of recommendation for college and/or employment.**

### Confirmation:

I give \_\_\_\_\_ (teen's name) permission to participate in Fearless!' 2021 Summer Leadership Academy: *From Bystander to Upstander*.

**Fearless! is offering the leadership academy virtually via Zoom with additional in-person office hours.**

**Please check off which location your child will attend office hours.**

Newburgh, NY

Port Jervis, NY

Monticello, NY

### 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 Fearless! Hudson Valley 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: \_\_\_\_\_ / \_\_\_\_\_ / 2021

**PICK-UP AUTHORIZATION**

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

I hereby inform Fearless! Hudson Valley that the following people are authorized to pick up the above named child(ren) from the Fearless! Hudson Valley 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 Fearless! Hudson Valley (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