

For information, questions, or help filling out the application contact:
Kate Rosenstein
Houston
Kate@cfo.org
503-236-9754



Advocacy Convening

Mail to:
OFYC
PO Box 14914
Portland, OR 97293

Fax forms to:
503-236-3048

Adult Supporter Application

Name _____ Gender _____
Address _____ Pronoun _____
City, St, Zip _____ Birth date _____
Email _____ Phone _____
Agency/Org: _____

ILP Provider Caseworker Foster Parent Social Work Student Other: _____

Emergency Contact _____ Phone _____

Doctor _____ Phone _____

Medical Needs: Allergy Heart Diabetes Insect bites
 Epilepsy Pregnant Drug reaction Other: _____

Dietary Needs: _____

Other Needs/ _____

Accommodations: _____

(Please describe special needs on a separate sheet of paper and submit with this application)

Limitations – please list any limitations in duties we are able to assign to you:

Are you willing to provide transportation to/from the conference? Additionally, trips with youth often occur during conferences- coffee runs, grocery runs, etc. If you are willing, did you submit the Driver's License & Insurance Verification form? No
 Yes, to/ from and during
 Yes, but just during

Would you be available to take a supporting shift for a few hours in the evening so that we have an adult available throughout the evening (11:30pm – 6:00am) if/when something comes up for a youth?

No Yes

Did you sign the Background Check Authorization form? No Yes

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Rules & Expectations

Draft Rules & Expectations. Please read and initial each item. We will be talking about “**why**” these are important at the event. (*Note: these are the same for Youth participants*)

_____ 1. I will attend all parts of the planned program, unless previously arranged with OFYC staff. I will inform those in charge if I am not feeling well or need medical attention and cannot attend the scheduled activity.

_____ 2. I will observe established hours and be in the designated areas. I understand that there will be areas where I may not be allowed to go.

_____ 3. I will dress appropriately to the occasion. I will at all times, be courteous and clean, in dress and language, and display good manners. My language will be appropriate and respectful of others.

_____ 4. I will not leave the assigned program area, at any time, without permission of the person in charge of my group or activity. I will stay for the entire duration of the conference, unless previously arranged with OFYC staff.

_____ 5. I will not bring or use alcohol, drugs (except those prescribed by my doctor), fireworks, firearms, pocketknives, or weapons of any kind. If I see anyone breaking this rule I will report it immediately.

_____ 6. I will be responsible for all my personal property.

_____ 7. I will respect other’s personal property and personal space and I will keep my hands to myself.

_____ 8. Shoplifting, theft, or vandalism of public or personal property will not be tolerated. I will not be a part of this kind of activity and will report any such activity that I am aware of.

_____ 9. I will avoid roughness and damage of room furnishings, furniture, equipment, etc. I know that I am responsible for any damage or misconduct.

_____ 10. I know that the conference encourages interaction among all members attending, but not exclusively with one person. I know that kissing and other sexual displays of personal affection or harassment distract from the group and are not appropriate behaviors and I will refrain from them.

_____ 11. I will not use tobacco products outside of specified times and locations. I will NOT distribute to minors.

_____ 12. I understand that iPods, cell phones and other electronic devices may not be allowed to be used during some conference activities.

_____ 13. Additionally, as an Adult Supporter, I will attend youth workshops as a support to youth, not as a participant. I have read the OFYC Adult Supporter Description (for Conferences).

Your participation in the 2019 Advocacy Convening carries the responsibility of supporting Oregon teens. You are expected to conduct yourself in a manner that reflects well on your state, county, as well as yourself. Your contribution to the conference is as important as what you receive from the conference.

I KNOW THAT VIOLATORS MAY EXPECT:

1. To have the opportunity to explain actions to staff and/or a Youth Discipline Panel and participate in disciplinary action.

2. A phone call to the agency/organization you represent, if there is one, noting behavior that is disruptive.

3. Being sent home at violator’s expense.

I agree and understand the code of conduct and consequences.

Signature

Date

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Interest Areas

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OFYC 2019 Legislative Agenda:

Expanding Independent Living Program (ILP) Services:

*We believe that expanding ILP services to **all eligible youth**, including those coming out of treatment centers and residential facilities, is necessary for the successful transition out of foster care and into adulthood. ILP supports youth by providing services that range from supporting education and employment needs and goals, to helping youth navigate the healthcare system. By expanding ILP, youth who need extra support both in and out of care, and those not already receiving services (but are eligible) can get the support they need.*

Question #1: Please tell us why you want to support youth at OFYC’s 2019 Advocacy Convening: Expanding ILP Services. What do you hope to learn? What do you hope to accomplish?

Question #2: Is there any additional information we need to know to better assist you as you support youth/young adult participants at this conference?
