

Voices of Youth Advisors (VOYA)



Who we are: VOYA is the Youth Advisory Council to Rensselaer County. As a part of VOYA you become a part of the YOUTH POWER! network, the New York State network of young people who have been labeled and who are seeking change. VOYA provides a much needed mechanism for youth to have input into the services that are provided. It ensures that services and supports in the community are meeting the needs of young people. Through VOYA, young people are able to not only improve their community but also build their personal advocacy and leadership abilities.

VOYA's Missions

Facilitate positive change in Rensselaer County
Stay youth run, youth driven, and youth guided
Be a voice for youth that don't have one
Work cooperatively with adult partners in the county
Always make youth aware of their voice
Engage youth and give them a platform to speak up and speak out

Who can join VOYA?

Any young person ages 14-28, who lives in Rensselaer County and who has experience or has received services from: Foster Care, Juvenile Justice, Addiction Recovery, Disability and/or Special Education, Mental Health.

What it means to be a member

- Meet bi-weekly with members of VOYA
- Attend meetings & host events with VOYA
- Receive stipends for attending county meetings
- Develop leadership skills and lasting relationships
- Meet youth with similar experiences

How to get involved: Fill out the attached VOYA member application sheet and return it to **YOUTH POWER!, 737 Madison Ave, Albany, NY 12208. Fax: 518-434-6478,**
Email: voya.rensco@YOUTHPOWERNY.org

Once the application is received, you and the coordinator will be in touch!

YOUTH POWER!

voya.rensco@YOUTHPOWERNY.org

www.YOUTHPOWERNY.org/VOYA

[Facebook.com/VOYARensCo/](https://www.facebook.com/VOYARensCo/)

VOYA MEMBERSHIP REGISTRATION FORM

Please fill in as much of the form as you can. Once your application is received, VOYA will be in touch regarding your membership status. **Please return your membership registration form to ATTN: VOYA, 737 Madison Avenue, Albany NY 12208, Fax: 518-434-6478, Email: voja.rensco@YOUTHPOWERNY.org**

The responses on this form will remain confidential. It helps us to know some important things about our membership demographics.

Name: _____ **Today's Date:** _____

If you go by a name other than your legal name, please list it below:

Date of Birth: ____ / ____ / ____ **Pronoun:** He/Him She/Her
 Neutral (such as They/Them) _____

E-Mail Address: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Phone: (____) _____ - _____ **Facebook URL:** _____

Do you want mail to go to another address (i.e. school, residential, office?) Yes No

If yes, please tell us:

Address type: Office School Residential Facility Other (*specify*): _____

Alternate Address: _____ City: _____

State: _____ Zip Code: _____ End Date (return to permanent address): ____/____/____

Best way to contact you? E-Mail Telephone Text Facebook Regular Mail

Best time to contact: Morning Afternoon Evening

Would you like materials in the future to be in Alternative formats?

Large Print Text Only Electronic Version Braille None apply

Are you a member of a local youth group? Yes No

If yes, which one? _____

Have you had/do you currently receive services in Rensselaer County?

Yes, in the past Yes, currently No

What best describes your gender identity? Female Male _____

Which race/ethnic group do you identify with the MOST? (Check one)

- African American Asian/Pacific Islander Native American
 Hispanic/Latin European/Caucasian _____

Do you identify as part of the LGBTQIA+ Community? Yes No No, but I am an ally.

Do you identify as transgender? Yes No

Do you have a disability? If so, check all that apply.

- Developmental/ Intellectual Emotional/ Behavioral Health Hearing Learning
 Mobility Visual Other (specify): _____

What activities are you interested in?

- Peer Advocacy Systems Advocacy

What systems have you personally been involved in? (Check all that apply)

- Addiction Treatment: Alcoholics Anonymous/Narcotics Anonymous (AA/NA), Home and Community Based Services (HCBS), Inpatient/Outpatient Services, etc.
 Child Welfare: Foster Care, Child Protective Services, etc.
 Criminal Justice: Detention Centers, Person In Need of Supervision (PINS), Probation, etc.
 Developmental/Intellectual Disability Services: Occupational/Physical Therapy (OT/PT), Social Skills Training, Supported Education/Employment, etc.
 Employment Services: Career Centers, Vocational Rehabilitation Services, etc.
 Mental Health: Psychiatric Services, Single Point of Access (SPOA), Therapy Services, etc.
 Special Education: Have an Individualized Education Plan (IEP), 504 Plan, etc.
 Temporary and Disability Assistance: Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI), Temporary Assistance, Etc.
 Other (specify): _____

Have you been in a residential placement such as a residential treatment facility, community residence, foster boarding home, kinship foster home, or rehabilitation center? Yes No

Which YP! activities are you planning on participating in? (Check all that apply). *Please be aware because our organization is statewide most activities take place by phone and web meeting.*

- Outreach Working Group (newsletter, publications, websites)
 Action Working Group (develops projects to advance our priority agenda, create campaigns and take action)
 Hudson River Regional Team (help organize youth forums, events, and become the voice of the region)

Would you be willing to participate in speaking opportunities through YOUTH POWER! such as speak outs, panels and workshops and can we contact you about them? Yes No