



MY VOICE

Who:

Mansfield Youth Voice (MY Voice) is open to Mansfield students in grades 5-8 who have an interest in learning how to create a multi-media publicity campaign and use their voice and perspective to make a difference in the community.

This year's media campaign focuses on the topic of vaping prevention.

What:

This program is funded by the Local Prevention Council grant through SERAC (Supporting and Engaging Resources for Action and Change) and gives our young people a platform and skills to learn how to amplify their message to the community. This could include writing, filming, and editing a Public Service Announcement (PSA) video/sound byte, creating social media ready graphics, designing shirts/pins/masks or other swag with vaping prevention messages, learning about digital citizenship and their own digital footprints, and strategizing a plan to reach as many young people as possible.

They might even have to teach us how Tik Tok works.

When and Where:

Group meets online on the 2nd and 4th Wednesdays of the month*
(*except November and school vacation days) from 3:30 pm until 4:15pm at

<https://www.gotomeet.me/MansfieldYSBKatie/MYVoice>

Meeting room password will be emailed upon receiving registration.

We will continue to assess our ability to safely resume in-person group programs.

How to Join:

Have your parent or guardian complete the included registration form and return it to
YSB@mansfieldct.org

Contact Information:

Katie Bell (she/her/hers) at: (860) 429-3319 or BellKJ@mansfieldct.org
Sarah Dufresne (she/her/hers) at: (860) 429-3338 or DufresneS@mansfieldct.org

2020-2021 Meeting Dates:

<i>October 14 & 28</i>	<i>March 10 & 24</i>
<i>*No November Meetings*</i>	<i>April 14 & 28</i>
<i>*December 9</i>	<i>May 12 & 26</i>
<i>January 13 & 27</i>	<i>June 9</i>
<i>February 10 & 24</i>	



Youth's Name: _____ Date of Birth: _____ Shirt Size: _____

Address: _____ Town: _____ Zip Code: _____

Gender: _____ Age: _____ Grade: _____ *Reminders will be sent via email prior to each group.*

Youth's Pronouns: she/her/hers he/him/his they/them/theirs Other: _____

Guardian #1 Name: _____ Guardian #1 Relationship to Youth: _____

Guardian #1 Phone Number: _____ Guardian #1 Email Address: _____

Guardian #2 Name: _____ Guardian #2 Relationship to Youth: _____

Guardian #2 Phone Number: _____ Guardian #2 Email Address: _____

Please list any medical concerns/allergies that your child has: _____

Demographic Information (Please mark one under each heading)		
<p><u>Race:</u></p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Multiracial</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (_____)</p> <p><u>Ethnicity:</u></p> <p><input type="checkbox"/> Hispanic/Latinx</p> <p><input type="checkbox"/> Not Hispanic/Latinx</p>	<p><u>Family Structure:</u></p> <p><input type="checkbox"/> 2 Birth/Adoptive Parents</p> <p><input type="checkbox"/> Step & Birth Parent</p> <p><input type="checkbox"/> Single Parent (Female)</p> <p><input type="checkbox"/> Single Parent (Male)</p> <p><input type="checkbox"/> Grandparent(s)</p> <p><input type="checkbox"/> Relative/Guardian</p> <p><input type="checkbox"/> Foster Parent</p> <p><input type="checkbox"/> DCF</p> <p><input type="checkbox"/> Joint Custody</p> <p><input type="checkbox"/> Emancipated/On Own</p> <p><input type="checkbox"/> Other (_____)</p>	<p><u>Free/Reduced Lunch:</u></p> <p><input type="checkbox"/> Receives Free/Reduced Lunch</p> <p><input type="checkbox"/> Eligible for Free/Reduced Lunch</p> <p><input type="checkbox"/> Not Eligible</p> <p>Note: We provide certain demographic information from this form to our funding state agency for statistical and research purposes.</p>

Please check box if you do NOT give permission for Mansfield Youth Services to photograph or videotape your child. Photos/videos of MY Voice participants may be chosen to help others learn more about Youth Services programs. If you would like more information before granting permission please contact Youth Services.

Please check this box if you do NOT give permission for Mansfield Youth Services to share photo/video of your child in group-created publicity campaign materials for the purposes of vaping prevention across various media platforms.

Please check box if your child does NOT have permission to fill out anonymous surveys.

Please check box if Mansfield Youth Services does NOT have permission to communicate with Mansfield Middle School staff regarding your child's participation in Mansfield Youth Voice (MY Voice).

I, the undersigned, give permission for my child to participate in Mansfield Youth Voice (MY Voice) during the 2020-2021 school year.

Parent/Guardian Signature: _____ Date: _____