



**PORTLAND EMPOWERED**  
Championing Voice in Education

July 2016

Dear Students, Parents, and Community Partners,

Thanks for your interest in Youth Engagement Partners! “YEPs” are students from Casco Bay, Deering, and Portland high schools who organize across the school district in order to build youth voice in education.

Youth Engagement Partners (YEPs) is part of Portland Empowered, which reduces barriers and creates opportunities for emerging youth and adult leaders so that youth in Portland public high schools are successful in high school and beyond.

Our hope is that students involved learn valuable leadership and advocacy skills while also influencing Portland’s high schools as the schools make the shift to being more “student centered.”

**In the 2016-2017 school year, YEP meetings will held be afterschool (2:30-4:30) every other Wednesday (once early release Wednesdays start in late September), at the University of Southern Maine Portland campus. There will also be occasional weekend or evening events and trainings.**

**Students:** Please fill out the enclosed application and make sure your parents sign all of the attached forms. You can return everything to Pious or Emily or to the adult who referred you.

**Parents or guardians:** Please fill out the attached paperwork so your student may fully participate. If you have any questions at all, or if you are interested in getting involved or learning about Portland Empowered Parent Engagement Partners, we would love to meet you and talk more!

Thank you!

Pious Ali, Claire Schroeder, & Emily Thielmann  
Portland Empowered

**Enclosed:**

- Student Application
- Permission & Medical Release Form
- Photo Release Form
- Permission to Evaluate



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## STUDENT APPLICATION (YOUTH ENGAGEMENT PARTNERS) – Page 1

Name: \_\_\_\_\_  
Last First Middle Initial Preferred Name (If Different)

Gender: \_\_\_\_\_ High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

Best Way(s) to Reach You (Phone, Facebook, E-mail....?): \_\_\_\_\_

Email You Check Most Often: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ok to Text You?  Yes  No Preferred T-Shirt Size: S M L

Languages You Speak Besides English (if applicable) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_



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## STUDENT APPLICATION (YOUTH ENGAGEMENT PARTNERS) – Page 2

**Please answer the following questions:**

1. Why do you want to be a part of Youth Engagement Partners?
  
2. What is one skill/strength you think you have to offer to the group?
  
3. Please list any other extracurricular activities you are involved in and which days and times they meet (school, social, athletic, religious, community service, or other activities and organizations).

Activity	Day & Time

4. [SKIP THIS QUESTION IF FILLING OUT LEAD YOUTH ORGANIZER APPLICATION]  
Do you think you will be able to make Wednesday meetings every other week?  
What would help you to attend? (Snacks you can't resist (tell us which ones!), help with transportation, reminder calls, a specific friend going, etc.....)



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## PARENT/GUARDIAN PERMISSION AUTHORIZATION

*This page must be completed by a Parent or Guardian if participant is under 18 years of age.*

As parent or guardian of \_\_\_\_\_ [Participant Name], I give permission for him/her to participate in all activities of the Youth Engagement Partners, including meetings in school or on the University of Southern Maine Portland campus and travel to/from any related events. I agree to not hold University of Southern Maine and its staff and/or partners responsible for any injury that may occur during participation in any activity or during transportation with staff and/or partners.

I understand that there will not be a health professional attending meetings or other activities. Therefore, I give the supervising staff permission to administer the following:

\_\_\_\_\_  
-Over-the-counter medication – Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), and cough drops. These will be given per label instructions, as needed.

\_\_\_\_\_  
-Medications as prescribed by my son's/daughter's health care provider. Please list these medications:

\_\_\_\_\_

- All prescribed medications must be in their original pharmacy container and include only enough tablets for the duration of the trip.
- Benadryl 25mg – 50mg and /or Epinephrine (EpiPen) 0.3mg may be given in the event of a life threatening allergic reaction. Emergency personnel will be called immediately.
- Students with Asthma should carry their inhalers on their person at all times.

Other Student Health Conditions or Allergies – Please describe below:

\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



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Best Phone and Contact in Case of Emergency: \_\_\_\_\_

## 2016-2017 PHOTOGRAPHY CONSENT FORM

*This page must be completed by a Parent or Guardian if participant is under 18 years of age.*

- I hereby grant full permission to the University of Southern Maine to use my child's photograph, video or recording (if necessary) in any publication or advertising materials (printed or electronic) related to **Portland Empowered and other youth and community engagement events or activities**. This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph.
- I do not consent to grant permission to the University of Southern Maine to use my child's photograph.

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Full Name of Youth

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Signature of Parent or Guardian (**Or Self if 18 or Over**)



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