

# Youth Leadership Academy

## ↓ WHEN

July 21<sup>st</sup> & 22<sup>nd</sup>

10A.M.—2P.M.

## WHAT ↓

**Leadership & Team  
Building Retreat**

## ↓ WHERE

**First Christian Church  
806 Briggs Street  
Macon, Missouri**

## WHO ↓

**Youth Ages 15-19**

## ↓ WHY

**Free fun, free food, &  
great stories**



## TELLING YOUR STORY ↓

Everyone has a story to tell.

What's yours?

A well-told story has the potential to communicate our ideas, connect with others, advocate for the life we envision, and stimulate action. Stories are an important part of who we were, who we are, and who we want to become.

The 4th annual Youth Leadership Academy seeks to teach self-advocates how to effectively tell their personal stories while developing the skills necessary to create meaningful relationships, develop their network, become active participants in their community, and effect change.

## QUESTIONS? ...▶

Contact Will Hays @

(573) 735-4282



Kirksville Regional Office (DMHDD)

## ◀... SPONSORS

Success in telling your story is a product of the National Training Initiative on Self-Determination.

This was developed by Brooke S. Potts, Ph.D., UMKC

Youth Exploration for Success Summer program

**Informational Sheet**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Parent/Guardian Information**

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

Address: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Additional Emergency Contact:**

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

**Health Information**

Medication:

Name	Dosage & Time	Purpose & Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree for Learning Opportunities/Quality Works, Inc. staff to administer my child's medication. I understand that it is my responsibility to provide LOQW, Inc. with the medication and the doctor's orders.

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Not an issue

Signature: \_\_\_\_\_ Date: \_\_\_\_\_