

YOUTH ORGANIZING FELLOWSHIP



2023 YOUTH ORGANIZING FELLOWSHIP

Parent Information Packet

YOUTH ORGANIZING FELLOWSHIP 2023

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A “Thank you” to our community partners & collaborators...



YOUNGBLOOD
HARMONIZING ARTS



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KENTUCKIANS FOR THE COMMONWEALTH

P.O. Box 1450 • London, KY 40743
606-878-2161 • www.kftc.org

Action for Justice

Dear Adults, Parents, Caretakers,

It is with great happiness that we write to you today about the wonderful opportunity coming from the Jefferson County Chapter of Kentuckians for the Commonwealth about the 2023 Youth Organizing Institute!

Our Jefferson County Chapter Members overwhelmingly support offering your student a spot in our inaugural Youth Organizing Fellowship this summer! Our KFTC Youth Organizing Fellowship comes with a stipend for the students, and will span over the course of 6 days in July 2023. (See schedule on page 2).

The aim of the fellowship is to train youth to use their passion for social justice and activism, with a participatory action research frame. As part of this fellowship the art created by the Fellows will be on public display at the Center for African American Heritage, beginning July 15, 2023. Our fellowship further includes a published booklet by renowned local artist, Julia Youngblood of Youngblood Harmonizing Arts! Fellows will also have the opportunity to present to a Committee of the Louisville Metro Council, as well as lead a panel discussion at our statewide KFTC Annual Meeting.

We look forward to talking with you and to a wonderful Youth Organizing Fellowship. Thank you!

Take good care,

Imani Smith
Organizer - JC_KFTC

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PROGRAM DAILY SCHEDULE

DAY	TIME	LOCATION	DETAILS
July 12, 2023	10am - 2pm	JCKFTC Office	Basic organizing training AND writing piece with artist Julia Youngblood
July 13, 2023	10am - 2pm	Carl Braden Memorial Center	Carl Braden driving tour of West Louisville with key stops in Rubbertown to talk with community elders.
July 14, 2023	10am - 2pm	Center for African American Heritage	Art with Julia Youngblood.
July 15, 2023	1pm - 4pm	Center for African American Heritage	Human Anatomy Day
July 20, 2023	3pm - 6pm	Louisville Metro Council; Spinelli's Pizza	Student presentations to Parks & Sustainability Committee
July 29, 2023	*10am - 5pm	Lyric Theatre, Lexington, KY	Student Panel Discussion @ KFTC Annual Meeting

Notes:

- Transportation is available for all of the program days. Please use the transportation form (found in this packet) to designate which dates and locations you will need your student picked up/dropped off.
- All lunch meals are provided for program participants. Please use the “Medical Release and Emergency Medical Permission” form (also in this packet) to clarify food allergies and limitations.
- “*” denotes not including travel time to locations. Time range for the event may vary based on schedule (information forthcoming).

[LINK TO PARENT INFO SESSION PRESENTATION & RECORDING JUNE 1, 2023](#)

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PROGRAM CONTACT INFORMATION



BONIFACIO "FLACO" ALEMÁN, MSW

Jefferson County KFTC - Lead Organizer

Email: flaco@kftc.org

Phone: (502) 203-6276

Office: 735 Lampton Street

Louisville, KY 40203



CHANELLE HELM

Black Lives Matter Louisville & Sister Song

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NYEILA JONES

Jefferson County KFTC - Community Organizer

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Louisville, KY 40203



IMANI SMITH

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Louisville, KY 40203

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PROGRAM GUESTS



JULIA YOUNGBLOOD
Youngblood Harmonizing Arts &
the African American Heritage
Center



EBONI NEAL COCHRAN
West Louisville Math and
Science Project Inc., &
Rubbertown Emergency ACTION
(REACT)



**COUNCILMAN JECOREY
ARTHUR**
Louisville Metro Council,
District Four

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PARENT/GUARDIAN CONTACT FORM

Please fill out the form below with your and your student's most accurate information.

STUDENT INFORMATION

Name of Student (first, last) _____

Student date of birth (mm/dd/yyyy) _____

School attending in 2023-24 academic year _____

Home address:

Street address _____

City _____ State _____ Zip Code _____

PARENT INFORMATION

Name of Parent/Guardian #1 (first, last - P1) _____

Name of Parent/Guardian #2 (first, last - P2) _____

Phone Number - P1: _____

Phone Number - P2: _____

Home Address

Street address _____

City _____ State _____ Zip Code _____

(Secondary) Home Address

Street address _____

City _____ State _____ Zip Code _____

***Do you consent to your student's participation in the 2023 Youth Organizing Institute?**

Yes

No

Unsure, need more information

SIGNATURE OF PARENT/GUARDIAN & STUDENT CONSENT

Parent/Guardian _____ Date _____

Secondary Parent Guardian (if applicable)

_____ Date _____

Participating Student _____ Date _____

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EMERGENCY CONTACT & TRANSPORTATION METHOD FORM

EMERGENCY CONTACT (PRIMARY)

Name (first, last) _____

DOB (mm/dd/yy) _____ Relationship to student _____

Home Phone _____ Cell Phone _____

Work Phone _____

Address

Street address _____

City _____ State _____ Zip Code _____

EMERGENCY CONTACT (if Primary cannot be reached)

Name (first, last) _____

DOB (mm/dd/yy) _____ Relationship to student _____

Home Phone _____ Cell Phone _____

Work Phone _____

Address

Street address _____

City _____ State _____ Zip Code _____

Please mark (initial) one of the following:

_____ I opt to transport my child to and from the program. During the following dates/times:

Drop off: July 12, 2023 (10 am)

Drop off: July 13, 2023 (10 am)

Drop off: July 14, 2023 (10 am)

Drop off: July 15, 2023 (1 pm)

Drop off: July 20, 2023 (3 pm)

Drop off: July 29, 2023 (10 am)

Pick up: July 12, 2023 (2 pm)

Pick up: July 13, 2023 (2 pm)

Pick up: July 14, 2023 (2 pm)

Pick up: July 15, 2023 (4 pm)

Pick up: July 20, 2023 (6 pm)

Pick up: July 29, 2023 (5 pm)

and/or:

_____ I give permission for my child to be transported during this program by vehicles provided by the 2023 Youth Organizing Institute's partners and sponsors, with the understanding that these vehicles and their use are covered financially by the

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program (with no financial obligation from me) and are operated by a licensed and responsible legal adult.

Following dates/times:

- | | |
|--|--|
| <input type="checkbox"/> Drop off: July 12, 2023 (10 am) | <input type="checkbox"/> Pick up: July 12, 2023 (2 pm) |
| <input type="checkbox"/> Drop off: July 13, 2023 (10 am) | <input type="checkbox"/> Pick up: July 13, 2023 (2 pm) |
| <input type="checkbox"/> Drop off: July 14, 2023 (10 am) | <input type="checkbox"/> Pick up: July 14, 2023 (2 pm) |
| <input type="checkbox"/> Drop off: July 15, 2023 (1 pm) | <input type="checkbox"/> Pick up: July 15, 2023 (4 pm) |
| <input type="checkbox"/> Drop off: July 20, 2023 (3 pm) | <input type="checkbox"/> Pick up: July 20, 2023 (6 pm) |
| <input type="checkbox"/> Drop off: July 29, 2023 (10 am) | <input type="checkbox"/> Pick up: July 29, 2023 (5 pm) |

I give the following person(s) permission to pickup and/or drop off my student for the duration of this program:

Person 1:

Name (first, last) _____
Relationship to student _____ DOB _____
Phone number _____

Person 2 (if applicable):

Name (first, last) _____
Relationship to student _____ DOB _____
Phone number _____

Person 3 (if applicable):

Name (first, last) _____
Relationship to student _____ DOB _____
Phone number _____

I **DO NOT** give permission to the following person(s) to pickup and/or drop off my student during this program:

Person 1: Name (first, last) _____

Person 2: Name (first, last) _____

Person 3: Name (first, last) _____

Person 4: Name (first, last) _____

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Parent/Guardian, your signature below indicates that you have carefully read this form and have filled it out completely and with the most accurate information, as well as certifies the following:

I UNDERSTAND THAT BY SIGNING BELOW THAT I HAVE INDICATED MY ACCURATE PERSONAL INFORMATION TO BE USED IN REFERENCE AND EMERGENCY CONCERNING MY STUDENT'S NEEDS, AND MY TRANSPORTATION PREFERENCES FOR MY STUDENT. I HAVE READ FULLY, CAREFULLY AND UNDERSTAND THIS STATEMENT AND FORM:

Name (first, last) _____ Date _____

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MEDIA RELEASE FORM

Throughout the program, Kentuckians for the Commonwealth or our programming partners may take photographs and videos for social media and presentation purposes.

Images will not be used out of their intended, supervised, and appropriate purposes (i.e. promotional and/or educational). Please state below whether you give consent to your student (or yourself) to be filmed.

Please initial to indicate given consent to the following statements:

_____ I give consent to Kentuckians for the Commonwealth and its programming partners and collaborators to use photographs, films, video tape or audio recordings, for its appropriate uses (including promotional, informational/educational purposes).

_____ I understand that, as a program participant, my (and/or my child's) likeness, image, or voice *may* be used in promotional platforms and materials such as: radio, television, print ads, signage, flier, banners, social media, etc.

_____ I understand that besides my program participatory stipend, I will not receive compensation for the continual use of my photograph, voice recordings, or likeness.

_____ I understand that photographs, film and recordings are to be used solely by the Kentuckians for the Commonwealth organization and the programming partners for the 2023 Youth Organizing Institute, and are its sole property. Understanding this, I relinquish to them all rights, title, and interest in said recordings.

_____ I authorize the use of my name (or my child's name) for the aforementioned purposes.

SIGNATURE(S)

Parent/Guardian 1:

_____ Date _____

Secondary Parent/Guardian (if applicable):

_____ Date _____

Participating Student _____ Date _____

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MEDICAL RELEASE AND EMERGENCY MEDICAL PERMISSION FORM

In the event that your child may have a medical emergency, our office and programming partners will use the following information. Please fill the information out completely and accurately, and indicate whether we have **your** permission to release this information to medical care professionals.

I, _____ give representative(s) of the Kentuckians for the Commonwealth and their programming partners for the 2023 Youth Organizing Institute permission to seek medical treatment and release medical information to care professionals for my student _____, in the event of an emergency, incident, or injury during the program.

In the event of a medical emergency, I request that the supervising hospital and program staff contact me via the information provided below. In the event that I or the secondary parent/guardian can not be reached, I give permission to program and medical care staff to collaborate/contract with various healthcare professionals and entities to provide treatment. (Note: *While the following providers may not be employees of the hospital, but are instead independently contracted to provide services for the patient, they are legally responsible for their actions: All physicians, pathologists, technical and professional components, radiologists, etc.*)

STUDENT INFORMATION

Name of student (first, last) _____

Date of Birth - DOB (mm/dd/yyyy) _____ Age _____

Home Address (primary)

Street address _____

City _____ State _____ Zip Code _____

Home Address (secondary - if applicable)

Street address _____

City _____ State _____ Zip Code _____

Medications being taken

Allergies

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Dietary Restrictions (*religious sanctions or other*)

Medical Limitations/Disabilities experienced by student

Date of most recent Tetanus shot _____

Date of more recent COVID-19 vaccine _____

PRIMARY CARE PHYSICIAN INFORMATION

Name (first, last) _____

Office address _____

Phone number _____

Email address _____

PARENT/GUARDIAN PERMISSION & CONTACT INFORMATION

Name (first, last) _____

Home phone number _____

Work phone number _____

Personal phone number _____

Email address _____

Date (dd/mm/yy) _____

EMERGENCY CONTACT IF PRIMARY PARENT/GUARDIAN CANNOT BE REACHED

Name (first, last) _____

Home phone number _____

Work phone number _____

Personal phone number _____

Relationship to student _____

I UNDERSTAND THAT BY SIGNING THIS FORM THAT I HAVE READ IT THROUGH THOROUGHLY, COMPLETELY AND UNDERSTAND IT. I GRANT MY PERMISSION TO REPRESENTATIVES OF THE KENTUCKIANS FOR THE COMMONWEALTH, AND ITS PROGRAMMING PARTNERS TO USE AND RELEASE THE ABOVE MEDICAL

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INFORMATION TO AID AND PROTECT MY CHILD IN THE EVENT OF A MEDICAL EMERGENCY, INCIDENT, OR INJURY, WITH THE UNDERSTANDING THAT ATTEMPTS **WILL** BE MADE TO CONTACT ME AND/OR THE SECONDARY PARENT/GUARDIAN OF THE STUDENT.

Parent/Guardian _____ Date _____

Secondary Parent Guardian (if applicable)
_____ Date _____