



# Youth Conference Request Form

<b>Office Use Only:</b>
____ Approved
____ Waitlisted
____ Other

**SCHOOL / AGENCY NAME** \_\_\_\_\_

**CIRCLE ONE:** Middle High Other \_\_\_\_\_

**CIRCLE ONE:** Hillsborough Pinellas

**TOP 3 PREFERRED DATES for CONFERENCE:**

<b>FIRST</b>	<b>SECOND</b>	<b>THIRD</b>
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Note: Youth Conference dates are available on a first come first serve basis. No date is final until you have received confirmation from Community Tampa Bay.

**WHAT TOPIC(S) WOULD YOU LIKE TO ADDRESS AT YOUR YOUTH CONFERENCE?**

\_\_\_\_ Promoting and practicing **DIALOGUE** as a tool to make your school a safer, more inclusive place

\_\_\_\_ Identifying **BEHAVIORS** and barriers that prevent respectful and inclusive interactions:

<input type="checkbox"/> Stereotypes	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Cliques	<input type="checkbox"/> Bullying

\_\_\_\_ Developing opportunities for positive **IDENTITY DEVELOPMENT**, specifically related to:

<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Faith
<input type="checkbox"/> Gender	<input type="checkbox"/> Ability	<input type="checkbox"/> Age
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Class	<input type="checkbox"/> Other

\_\_\_\_ Other – Please explain: \_\_\_\_\_

**Be advised that TWO WEEKS PRIOR to each Youth Conference a planning meeting will need to be scheduled with the leadership team (8-10 youth and adults) that will be responsible for hosting the conference and co-facilitating with Community Tampa Bay™.**

\_\_\_\_\_ PLANNING MEETING DATE /AND TIME

**NUMBER OF STUDENTS TO PARTICIPATE:** \_\_\_\_\_  
*Recommended: 50-60 Middle/ High School Students*

Is this your school's **first Youth Conference**? YES NO  
 If no, when was the last time you had a Youth Conference? \_\_\_\_\_

Is this your first Youth Conference as an **adult partner** (liaison/advisor/supervisor)? YES NO  
 If no, how many have you done? \_\_\_\_\_

_____ Name of Person Requesting Youth Conference	_____ Signature / Date
_____ Email Address	_____ Phone Number    _____ Best time / format to reach you?
_____ Administrator/Principal's Name	_____ Signature / Date

*\*All conferences are offered on a fee-for-service basis. Please contact Community Tampa Bay at 727-568-9333 or visit [www.communitytampabay.org](http://www.communitytampabay.org) to discuss pricing: \$1700 for new partners, \$850 for existing partners, per agency discretion. Please fax this application to (727) 568-0533 or email as attachment to Sarah Ogdie at [sogdie@communitytampabay.org](mailto:sogdie@communitytampabay.org).*