

**RESILIENCE ADVOCACY PROJECT TRAINING REGISTRATION FORM
FALL 2008**

REGISTRATION FOR STAFF TRAINING

Please complete the training registration form for each individual. Make copies as needed.
Each individual will receive information about the training in advance.

Return the form by:

Email: richie@resiliencelaw.org

Fax: (212) 643-0137, or

Name: _____ Position: _____

Phone: _____ Fax: _____

Email: _____

Organization Name: _____

Organization Address: _____

Fall Training Schedule

Trainings at \$40/ person.

*** Make checks payable to: *Fund for the City of New York.*

Early Education and Child Care

This training will provide an overview of basics of the NYC child care and early education system.

Wednesday, October 8, 2008 (2pm - 5pm)

Teens and Public Assistance

This training will provide an overview of the implications of the Public Assistance rules for minor applicants and recipients (youth under the age of 20).

Wednesday, November 12, 2008 (2pm - 5pm)

Youth Employment

This training will provide an overview of the NYC youth employment and workforce development systems, and how they impact youth. This includes an overview of the structure of the workforce development system and how youth can access its services.

Wednesday, December 10, 2008 (2pm - 5pm)

On-Site Training

On-site trainings are \$300/ organization

*** Make checks payable to: *Fund for the City of New York.*

Training Topic	Date(s)	Primary Org. Contact Name and Email	# of Participants
Early Education and Child Care			
Teens and Public Assistance			
Youth Employment			

REGISTRATION FOR YOUTH SERVICES

Return the form by:

Email: richie@resiliencelaw.org

Fax: (212) 643-0137, or

YOUTH LEGAL CLINIC: To arrange a youth legal clinic on-site at your organization, please complete this box. RAP will contact to you at the number/ email above to finalize details.

CLINIC DATES	# OF HOURS/ TIME OF DAY	APPROX. # OF YOUTH	APPROX. AGES OF YOUTH
<i>Example: October 1, 15, 22</i>	<i>4/ 2-6pm</i>	25	14-18

YOUTH WORKSHOPS: To arrange a youth workshop on-site at your organization, please complete this box. RAP will contact to you at the number/ email above to finalize details.

WORKSHOP NAME	WORKSHOPS DATE(S) <i>(If a workshop will be conducted in segments, please list all dates on a single line)</i>	APPROX. # OF YOUTH
Accessing a College Education		
Getting it Right		
Power of Self Advocacy		
Community Mapping		