“Mi Vida, Mi Voz” Storytelling & Writing Workshop

“Mi vida, mi voz” meaning “My life, my voice” is an overnight storytelling and writing workshop for Vermont youth. It is open to all youth with a special focus on students whose families work in agriculture, with the purpose of providing an opportunity for written and spoken expression. This workshop will connect Vermonters from across the state and would be a safe space to explore social issues through a sharing of our perspectives, identities, and what connects us as human beings.

- Lena Ashooh, sophomore at CVU, winner of 2019 Youth4Youth Grant

~In partnership with the Vermont Migrant Education Program~
Please return complete applications to:

UVM Extension, Migrant Education Program

140 Kennedy Drive, Suite 201

South Burlington, VT 05403

Or kelly.dolan@uvm.edu

Date of application: ______________________________

Participant’s name: _____________________________________________________

Date of birth: ______________________________ Grade as of 1/1/2019: ______________________________

Parent/Guardian’s name: _____________________________________________________

Gender identity:

☐ Male
☐ Female
☐ Other: ______________________________________

Address:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Phone (cell): ______________________________ Phone (home): ______________________________

Is this child a participant in any of the following programs:

☐ Vermont Migrant Education Program
☐ 4-H

Parent or Guardian Consent Form
(Required for youth under age 18 to participate)
I give permission for my child, ________________________________(name) to participate in the “Mi Vida, Mi Voz” Storytelling & Writing Workshop. I understand that even after reasonable precautions have been taken, event activities may involve hazards, and that the University of Vermont Extension will provide each participant with due care, but that the University of Vermont Extension cannot ensure my child will remain free of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the University of Vermont, their trustees, officers, employees and agents from any and all losses, penalties, injuries, damages, settlements, costs or other expense or liabilities arising out of event activities. This release, however, is not intended to release the University of Vermont from causes of action arising out of the sole negligence of the University of Vermont Extension and their trustees.

__________________________ ______________________
Parent/Guardian Signature if under 18 Date
(If over 18, can be signed by participant)
July 17-18, 2019

Dear Mi Vida, Mi Voz Participant:

The storytelling and writing workshop, “Mi Vida, Mi Voz” will be here before you know it, and I’m excited that you have signed up to participate! Below are some important details about the weekend:

**Arrival** -- You will need to arrive at the Common Ground Center in Starksboro between 9:30 and 10 a.m. on Wednesday, July 17, 2019. Be sure to eat breakfast before your arrival. We will start the program promptly at 10:00 a.m.

**Departure** -- The program will end by 12:00 p.m.

**Important Phone Number** -- IN CASE OF EMERGENCY: Common Ground Center number is 802-453-2592. Kelly Dolan’s (Coordinator of the Migrant Education Program) cell phone is 401-742-5172.

**Directions** -- Common Ground Center, 473 Tatro Rd, Starksboro, VT 05487, just off Highway 116.

**What to Bring** -- See other side. All forms must be completed and turned in at check-in.

**Americans with Disabilities Act**: To request a disability-related accommodation to participate in this program, please contact Kelly Dolan at 802-651-8343 x504 by July 1, 2019, so we may assist you.

If you have any questions at all, please give Kelly Dolan a call at 802-651-8343 x504 or send an email to Kelly.dolan@uvm.edu. We’re looking forward to seeing you on July 17th!

**PLEASE EMAIL COMPLETE APPLICATIONS HERE:**

Kelly Dolan  
Migrant Education Program, UVM Extension  
140 Kennedy Drive, Suite 201  
South Burlington, VT 05403-6716

Kelly Dolan, MS  
Vermont Migrant Education Program  
Program Coordinator  
UVM Extension  
140 Kennedy Drive, Suite 201  
So. Burlington, VT 05403-6716  
Office: 802-651-8343 x504  
Email: kelly.dolan@uvm.edu

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July 17-18, 2019

What to Bring

**REQUIRED:** Clothes

- socks
- underwear
- pants, shorts
- shirts, long & short
- rain gear
- hat or cap
- warm jacket &/or heavy sweater/fleece - warm clothing (layers)

**ALL FORMS—Completed & Signed**

- Emergency phone number
- Sleeping bag and pillow
- Bath towel / face towel
- Toiletries (soap, toothbrush, toothpaste, etc.)
- Flashlight with fresh batteries / extra batteries Writing materials & notebook
- 1 pair of sneakers
- 1 pair of outdoor boot / hiking boots
- 1 pair of water shoes
- Day pack
- Water
- bottle

ALL CLOTHING AND EQUIPMENT SHOULD BE PLAINLY MARKED WITH THE CAMPER’S NAME.

**OPTIONAL:**

- Camera
- Insect repellent (non-aerosol) Sunscreen

**DO NOT BRING:**

- Firearms/Ammunition
- Hatchet/axes/knives
- Tobacco: Smoke/Smokeless
- Alcohol or drugs
- Electronic devices (e.g. walkmans, I-Pods, radios, CD players, or video games)
- Hair dryers
- Candy or food
July 17-18, 2019

Photo Release

The University of Vermont Extension may use my child’s image in print, electronic, and/or video format for publishing in promotional material. I release all claims against the University and the Vermont Extension with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

_____Check here if you do not want your child’s image to be used for any purpose.

Signature of Parent/Guardian if under 18

Date
Health History and Emergency Medical Treatment

Please fill out this form and return it to your Migrant Education Program Regional Coordinator or UVM Extension contact. If anything changes, please submit a new form.

Member Name (Child or Adult): ________________________________

Parent/Guardian Name if Member is under 19: ________________________________

Check the diseases or vaccinations the member has had:

☐ Measles
☐ Mumps
☐ German Measles
☐ Chicken Pox
☐ Whooping Cough

Check if member has difficulty with any of the following issues:

☐ Homesickness
☐ Fear of water
☐ Fear of the dark
☐ Sleep talking
☐ Bed wetting
☐ Menstrual cramps
☐ Sleep walking
☐ Other (explain) ________________

Does the member wear:

☐ Glasses
☐ Contacts

Does the member take any prescribed medication:

☐ Yes
☐ No

If yes, will the medication be taken at the event?

☐ Yes
☐ No

If yes, ask your Extension office for a Health Statement on Medication or Pre-existing Injury form.

Does the member have any known allergies or sensitivities?

☐ Yes ________________________________
☐ No

In case of emergency: Family physician: ________________________________ Phone __________________

Address: ________________________________ Insurance Name/Policy # __________________

I hereby give permission to the group leader(s) to obtain necessary medical treatment for my child in the event I cannot be reached in an emergency. I understand that the University of Vermont shall not be liable for expenses associated with any medical treatment for injuries my child may sustain by virtue of his/her participation in the program.

Parent/Guardian Signature ________________________________ Date ________________

Home Phone ____________________ Work Phone ____________________ Cell/Pager ____________________

If you cannot be reached, we should contact: ____________________ Phone ____________________

Indicate any activities in which you do not want your child to participate ____________________

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University of Vermont Extension, and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status.
Health Statement on Medication and Pre-existing Injury Form CE-9

Permission for Medication

Please bring this form with you to event. Medication must be brought in a container appropriately labeled by pharmacy or physician. No medication will be given without this information:

Name: ____________________________ Phone: ____________________________

Medication: ____________________________ Dosage: ____________________________

Directions: ________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Reason for giving: ________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

I hereby give permission for Migrant Ed. Personnel/Volunteers to dispense medicine to my child.  YES  NO

My child will dispense his/her own medicine.  YES  NO

I understand that UVM Extension shall not be responsible for dispensing any medicine, including injections or otherwise, that requires a licensed medical practitioner to do so.

__________________________________________  ____________________________
Parent/Guardian Signature                 Date

Pre-existing or Current Injury

Nature of Injury: ____________________________ Date of Injury: __________________

Any disability? Please describe: ________________________________________________________________
________________________________________________________________________________

Any limitation on physical activity? Please describe: ______________________________________________
________________________________________________________________________________
________________________________________________________________________________

Other necessary information: _________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Code of Conduct Agreement

1. Appropriate attire for each activity is expected. Short shorts are not acceptable during any part of the event. If wearing shorts, they must reach mid-thigh or longer. Shirts must cover the belly button. No halters, tubes, midriff shirts or backless shirts are permitted. Undergarments should not be visible.

2. There will be no use of alcoholic beverages or illegal drugs.

3. The use of tobacco in all forms will be prohibited.

4. Participants will be charged for any property defacement for which they are responsible.

5. You must remain in the designated activity area at all times and attend all scheduled program sessions.

6. Use of personal vehicles is prohibited, and vehicle keys must be surrendered at check-in; keys will be returned when the program is finished and the participant is ready to depart.

7. At all times consideration for the rights of others to quiet and sleep is vital for everyone's welfare. Participants should act courteously at all times.

8. You must be in your own bunk and quiet at the designated time.

9. Failure to abide by any of these rules may result in immediate dismissal from the Academy, and the participant being sent home at his/her own expense or the parents' expense.

I have read and agree to abide by the code of conduct.

________________________________________  _______________________
Signature of Participant                        Date

I expect my child to abide by this code of conduct.

________________________________________
Signature of Parent/Guardian
“Mi Vida, Mi Voz” 2019 Agenda

Wednesday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:45am</td>
<td>Check in</td>
</tr>
<tr>
<td>10-11am</td>
<td>Ice breaker activities!</td>
</tr>
<tr>
<td>11am-12pm</td>
<td>Speaker</td>
</tr>
<tr>
<td>12-12:45pm</td>
<td>Lunch!</td>
</tr>
<tr>
<td>1-2:15pm</td>
<td>Session I</td>
</tr>
<tr>
<td>2:15-2:30pm</td>
<td>Ice-Cream Break!</td>
</tr>
<tr>
<td>2:30-3:45pm</td>
<td>Session II</td>
</tr>
<tr>
<td>4-4:45pm</td>
<td>Hike</td>
</tr>
<tr>
<td>5-6pm</td>
<td>Session III,</td>
</tr>
<tr>
<td>6-6:45pm</td>
<td>Dinner</td>
</tr>
<tr>
<td>6:45pm and on</td>
<td>Open mic, performance, bonfire!</td>
</tr>
</tbody>
</table>

Thursday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15-8:45am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9-10am</td>
<td>Session IV</td>
</tr>
<tr>
<td>10-11am</td>
<td>Final Group Activity, Group Photo, Feedback/Evaluation!</td>
</tr>
<tr>
<td>11:15-12pm</td>
<td>Departure – Bag lunch</td>
</tr>
</tbody>
</table>
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