

Family Resource and Youth Services Centers



CALL FOR PRESENTATIONS

FRYSC Annual Victory Over Violence Conference

July 18-20, 2016 Hyatt Regency/Convention Center, Lexington

A limited number of workshops will be available for individuals and groups interested in presenting a workshop during the Victory Over Violence Conference. **Priority will be given to proposals that focus on:**

Violence Prevention: Specific areas of interest include self-injury, eating disorders, bullying, cyber bullying, gang activity, grief counseling for children and working with children of incarcerated parents.

Social and Emotional Development: The whole child approach to education; addressing physical, social and emotional development; emotional intelligence in after-school programs; social and emotional skills and the link to school achievement.

Schools and Communities: Service learning and community engagement; social responsibility and school achievement; the school as a community center; strategies and activities for engaging and involving families; addressing the needs of diverse communities; the community school and rural America; the school as the community's resource; working with community-based agencies; using the school after hours; strengthening school-family-community collaborations during a tough economy.

General Information:

- Concurrent Workshops Sessions are **75 minutes** in duration.
- Seating is classroom style unless other arrangements are requested in advance and approved by the DFRYSC Training Specialist.
- Audio/visual requests made on the day of the conference cannot be honored.
- Conference sessions are professional development opportunities and may not incorporate sales presentations.
- Only lead presenters will be contacted. Lead presenters are responsible for coordinating with any co-presenters.
- Because of the limited number of sessions to be offered and the need for a balanced program, we may suggest modifications to proposed workshops.

If you have questions about the conference or submitting a proposal, please contact:

Carol Leggett, DFRYSC Training Specialist
(502) 564-4986 x3844
carol.leggett@ky.gov

CALL FOR PRESENTATIONS

Workshop Proposal

Proposals must be received by **Jan. 29, 2016** to be considered for inclusion.

1. **Workshop title:** _____

2. **Workshop abstract:**

*Please write your description in such a way that it reflects our conference goals, and include practical applications and specific examples for your participants. Please limit your abstract to **80 words** and **proofread** it. The conference sponsors reserve the right to edit workshop descriptions for the event program.*

3. **Target audience:**

High School Middle School Elementary School Preschool

4. **Presentation material and/or handouts* will be provided at least 2 weeks prior to the conference by:**

PDF via email Hard copy

**PowerPoint handouts must have at least 3 slides per page.*

5. **Preferred date/time for session:**

No date/time preference Monday, July 18 (Afternoon session)
 Tuesday, July 19 (Morning session) Tuesday, July 19 (Afternoon session)
 Wednesday, July 20 (Morning session)

6. **Cost for Presentation:**

Free, no cost Desired fee, specify: _____

7. **Additional audio/video needs:**

All workshop rooms will be set with a projector, screen and flip chart. Wireless internet access will be available for presenters.

Microphone Speakers Other, specify: _____

*Please keep in mind that all equipment is a rental expense for the conference. As we try to keep participant registration fees low, please request only what is necessary. Please note that we **cannot** provide computers for PowerPoint presentations, internet drops, audio equipment/sound patches or remotes.*

8. Presenter(s)* Information:

If more than one individual is presenting during the workshop, an organizer/lead presenter must be selected to serve as a contact person and will be responsible for communicating with any other presenters.

Organizer/Lead Presenter:

Dr. Ms. Mr.

Name: _____

Job Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Co-Presenter #1:

Dr. Ms. Mr.

Name: _____

Job Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Co-Presenter #2:

Dr. Ms. Mr.

Name: _____

Job Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature of Lead Presenter: _____ Date: _____

*The Division of Family Resource and Youth Services Centers is committed to ensuring quality training for our Program Coordinators. Each presenter must be approved by our Training Council **before** they are allowed to participate in any FRYSC training. Please provide a completed FRYSC Trainer Credential Application and a current resume with your Call for Presentations. Once approved, you will be qualified to train in our organization for three years, after which you must reapply.

Submission Information:

Submit the completed form to Carol Leggett via email, fax or mail **by Jan. 29, 2016.**

Notification of accepted workshop proposals will be made by March 15, 2016.

Carol Leggett, DFRYSC Training Specialist

275 E. Main St., 3C-G

Frankfort, KY 40601

Phone: (502) 564-4986 x3844

Fax: (502) 564-6108

carol.leggett@ky.gov

Division of Family Resource and Youth Services Centers

Trainer's Credential Application

Please type or print clearly and complete all sections.

Check one: New Renewal Update

I. PERSONAL INFORMATION

Name: Mr. Mrs. Ms. Dr. _____

Birth date: ___/___/___ Home phone: _____

Home address: _____

City: _____ County: _____ State: _____ Zip: _____

Occupation: _____

Place of employment: _____

Work address: _____

City: _____ County: _____ State: _____ Zip: _____

Work phone: _____

Email address: _____

Address preference for mail: Home Work

Would you allow your work phone to be published so interested parties may contact you for training?

Yes No

Would you allow your email address to be published so interested parties may contact you for training?

Yes No

II. FORMAL EDUCATION INFORMATION

Please check all attached verification information. Applicant must include copy of resume, certifications, credentials, etc. with this application.

High School Diploma/Equivalent

Associate Degree, indicate field of study: _____

Bachelors Degree, indicate field of study: _____

Masters Degree, indicate field of study: _____

Doctorate, indicate field of study: _____

Transcript(s), indicating courses and degree awarded

Training certificates (include trainer's resource orientation and trainer's seminar certificates)

Certifications, Licenses, Credentials

Current Resume (must reflect minimum number of years of experience required for trainer level selected), include employment history with dates, job title, major job responsibilities, hours worked per week, etc.

III. DOMAINS

Please select which of the following domain(s) your training addresses.

- Center Operations
- Leadership Skills
- Social and Emotional Needs
- Educational System and Academic Needs
- Family Development
- Child/Youth Health and Development Needs
- Specialty (Describe) _____

III. CERTIFICATION

I certify that all information provided and attached to my application is true and correct.

Signature of applicant: _____

Date signed: _____

IV. CHECKLIST FOR APPLICATION

- Selected New, Renewal or Update
- Completed all blanks on application form
- Attached all required verification information
- Included signature

V. SUBMISSION

Send the application and attachments to:

DFRYSC
Attn: Carol Leggett
275 E. Main St., 3C-G
Frankfort, KY 40601

If you have questions, contact Carol Leggett, DFRYSC Training Specialist, at carol.leggett@ky.gov or (502) 564-4986, ext. 3844.

OFFICE USE ONLY

Date received: _____

Renewal date: _____