



Children and Youth Education Center

Greetings, New Friends and Partners.

Becoming a partner with the Youth Empowerment Support (YES) Program is a commitment that allows us to promote intentional inclusive environments that contribute to the healthy development, safety, and resiliency of all children, youth, and teens.

Our goal is to bring awareness about Acts of Bullying™ in all settings; and assist individuals with resources and skills to recognize, respond, and resolve Acts of Bullying™. **Our goal** is to also enhance individual resiliency and resources to positively and effectively prevent Acts of Bullying™ in all settings.

Thank you for your partnership! Together we can decrease bullying in our schools, communities, and in the workplace setting and create safe and inclusive schools and work environments for all. Make sure you visit the [Youth Empowerment Support \(YES\) Program website](#) to learn more about YES and all of our upcoming programs and events.

Continue to be an Upstander....Take care.

Kindest Regards,

Geisha (Dr. G) Glass-Abdullah, Ph.D

M.Ed., M Ed. – Research, LSS-BB

Children and Youth Education Center (CYEC) - Director

Youth Empowerment Support (YES) Program

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SECTION ONE: VOLUNTEER'S INFORMATION

(if you are under 17 yrs. of age parental consent is needed)

Name: _____ Date of Birth: ____/____/____

Address: _____ City _____

State: _____ Zip _____ Cellphone: _____

What area would you like to volunteer, (select all that applies)?

___ CYEC Executive Meeting ___ YES Bully Prevention & Education ___ Parent Panel

___ Healthy Habits (VFHY) ___ Sharing Points Inc. Wellness Coach ___ YES Program (Youth Ambassador)

SECTION TWO: PARENTAL CONSENT

Parent's Full Name _____ Parent's cell _____

Child's Age _____ School District _____ Grade _____

_____ (Parent's initials) I give my permission as the legal parent or guardian per state and federal law for my (child's name) _____ to participate in the Children and Youth Education Center, YES Program, and or Sharing Points events, training, workshops, and or services.

SECTION THREE: DECLARATION OF UNDERSTANDING

_____ (Initial) I understand that this is an unpaid volunteer position. A stipend may or may not be paid depending on the availability of funding and at the discretion of the CYEC Director.

_____ (Initial) I acknowledge that I have read and agree with the CYEC Disclaimer*.

_____ (Initial) I acknowledge that all products, publications, and service delivery models of Dr. Geisha Glass-Abdullah are considered copyright and trademark protected. Any exploitation to solicit and duplicate said services delivery models is prohibited through direct or indirect participation and may result in legal action for copyright and intellectual property infringement.

_____ (Initial) I declare that I or my child has NOT ever been detained in a juvenile detention or criminal justice program for a violent or sex crime?

- Yes, I have.
- No, I have not.

Alt. Emergency Contact: _____ Phone: _____

Signature _____ Date: _____

SECTION FOUR: CYEC STAFF USE ONLY

Dates: Received ____/____/____ Reviewed ____/____/____ Approved _____ or Rejected _____ by (initial) _____

Disclaimer: CYEC, YES Program, Sharing Points, and Sharing Points Well-Being Coaches provide life coaching and support for individuals and groups wanting to enhance their overall well-being and social-emotional resiliency. By participating in any event, training, workshop, or session, you waive the right to any claim against Children and Youth Education Center (CYEC), LLC, Sharing Points Inc. LLC, Youth Empowerment Support (YES) Program LLC, Dr. Geisha Glass-Abdullah, all staff, contractors, facilitators, and volunteers. This includes, but is not limited to personal liability, claim, suit, action, loss, or damage that may result from you or your child's participation. Events, training, workshops, coaching sessions, and products are not meant to be a substitution for professional, medicinal, behavioral, or psychological treatment. CYEC LLC, Sharing Points Inc. LLC, and YES Program LLC events, coaching sessions, and products are not intended to substitute any professional, medical, behavioral, or psychological treatment and/or advice of your health professionals. If you or someone you know are having thoughts of hurting themselves or others, please go to the nearest emergency room or call 911 (Updated 09/2025).



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**YOUTH EMPOWERMENT SUPPORT
(YES) PROGRAM**



EMERGENCY CONTACT & PERMISSION FORM

The YES Mentors (5-11 yrs.) and Youth Ambassador Leaders (12-18 yrs.) may volunteer to help with monthly YES program events and activities.

I (Parent or Guardian's Name) _____ as the legal parent or legal guardian of (youth's name) _____ Age: _____ Date of Birth: ____/____/____ provide permission for my child to volunteer and participate in Youth Empowerment Support (YES) programs and events. I fully understand that my child will be participating in virtual, or in-person training, workshops, and events hosted by the YES program. I waive all rights to take civil or legal actions for any and or all liabilities and risks against Dr. Geisha Glass-Abdullah, all persons, and businesses affiliated with the Youth Empowerment Support (YES) Program, Children and Youth Education Center (CYEC), and or Sharing Points Inc. I fully understand that this is a volunteer opportunity. **Volunteers may or may not earn \$0 to \$150 in monetary stipends and or incentives at the Program Director's discretion and availability of funding.**

Leader's Email Address: _____

Leader's Phone _____ Current Grade _____

Leader's Signature Date

Emergency Contact (Print Name) Phone number

Parent or Legal Guardian's (Print Name) Phone number

Parent or Legal Guardian's Signature Date

CYEC Review: _____ Date: _____



YOUTH EMPOWERMENT SUPPORT (YES) PROGRAM



Support, Educating, and Empowering the Young Leaders of Tomorrow, Today!

Youth Empowerment Support (YES) Program Coordinators (ages 16+ years)

1.0 hours - YES Monthly Meeting – 1st Wednesday at 6:30 pm EST (Online)
1.0 hours - CYEC Executive Meeting – 1st Thursday at 7 pm EST (Online)
2.0 hours - Youth Partnership Meetings - 3rd Monday at 2pm (in-person-location varies)
4.0 hours - YES Program - 1st Sat. from 9 am - 1 pm EST (Online or In-person)
8 Volunteer Hrs. Monthly

15.00 hours - Annual Bully Prevention Outreach Events (October)
4.0 hours - National Kid's Day Outreach Event (June)
4.0 hours - Month of the Military Child (April)
8.0 - Healthy Youth Conference (March)

26 Volunteer Hours Annually

Youth Empowerment Support (YES) Program - Youth Ambassadors (ages 7-17 years)

1.0 hours - YES Monthly Meeting – 1st Wednesday at 6:30 pm EST (Online)
4.0 hours - YES Event - 1st Sat. from 9 am - 1pm EST (Online or In-person)
5 Volunteer Hours Monthly

10.00 hours - Annual Bully Prevention Outreach Events (October)
4.0 hours - National Kid's Day Outreach Event (June)
4.0 hours - Month of the Military Child (April)

18 Additional Volunteer Hours Annually



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By participating in any event, training, workshop, or session, you waive the right to any claim against Children and Youth Education Center, LLC, Sharing Points, YES Program, all staff, contractors, facilitators, and volunteers to include personal liability, claim, suit, action, loss, or damage that may result from you or your dependents participation.



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**YOUTH EMPOWERMENT SUPPORT
(YES) PROGRAM**



Volunteer Hours Tracking Form

Directions: This tracking sheet has been provided to help you keep track of program events and activities that you participate in each month. Please complete and submit to the Youth Coordinator or CYEC Director on the first Monday of each week.

Month and Year: _____

	What day was the event?	What time did the event start?	Name of event	Did you attend the event, Yes/No ?	Hour many Hours?
1 st Event	<i>October 1, 2025</i>	<i>6:30 pm</i>	<i>YES Monthly Meeting</i>	<i>Yes</i>	<i>1 hour</i>
2 nd Event					
3 rd Event					
4 th Event					
5 th Event					
Notes:				Total Hours	

Print Name

Phone number

Signature

Date Submitted

CYEC Review: _____ Date: _____