



## VIRTUAL YOUTH WORK METHOD PLANNING FORM

*(Must be submitted 2 weeks prior to requested training dates.)*

PROGRAM SITE/S:	
1 <sup>st</sup> Choice Date:	2 <sup>nd</sup> Choice Date:
YOUTH WORK METHOD REQUESTED <i>(see options in flyer)</i> :	
ANTICIPATED # OF PARTICIPANTS:	
DESCRIBE TRAINING SETTING: <i>(i.e. will participants be logging on from separate computers and separate locations, etc.)</i>	
DESCRIBE TRAINING PARTICIPANTS: <i>(i.e. ages, experience, program roles, etc.)</i>	
HOW DO YOU PLAN TO RELATE THIS TRAINING TO ACTIVITIES WITHIN YOUR PROGRAM?	
PLEASE LIST ANY PROGRAM EVENTS THAT MAY BE RELATABLE TO THIS TRAINING.	
CONTACT PERSON NAME:	
CONTACT PERSON EMAIL/S:	
CONTACT PERSON PHONE NUMBER/S:	

Each participant will need the accompanying Youth Work Method Guidebook. These Guidebooks are required for participation. They will serve as an essential resource for implementation of the strategies following the professional development and are an allowable expenditure with 21st CCLC funds.

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Please submit this form to: Rita Montgomery via email at [osdecoach2@cypq.org](mailto:osdecoach2@cypq.org)