



“Messages of Hope” 2019

Gryphon Place & Speak It Forward/Kinetic Affect are partnered to bring you the 4th annual “Messages of Hope” youth workshops and community performance. Kirk and Gabriel (<https://kineticaffect.com/>) will work with youth to craft their own spoken word poetry stories of overcoming challenges, struggles and issues to be a symbol of hope that others who struggle can overcome, too.

Speak It Forward and Gryphon Place

Gryphon Place connects people and organizations to resolve conflict and crisis, foster volunteerism, and meet community needs. ‘The Gatekeeper Program’ of Gryphon Place, a youth suicide prevention educational curriculum, focuses on helping kids make safe choices through awareness and education, use of positive coping skills and help-seeking. Speak It Forward Inc. is dedicated to transforming lives of youth by using spoken word poetry as a vehicle to raise awareness, challenge stereotypes, break down barriers, and instill a sense of empowerment and community. During September, National Suicide Prevention Month, and through the Messages of Hope workshops and performance, these organizations will collaborate to inspire and empower youth who are experiencing life and all its developmental challenges.

Who Can Participate

Anyone with a story to tell – and everyone has a story
Those who submit a parental/guardian permission slip (below)
Those who can attend the workshop and performance dates

Why Participate

Personal growth and self-awareness
Communication & public speaking skills development
Create a uniquely personal work of art
Help and give hope to others who have been in similar situations

When:

Workshop Dates

September 5th, 5:30 pm – 7:30 pm
September 10th, 5:30 pm – 7:30 pm
September 12th, 5:30 pm – 7:30 pm
September 16th, 5:30 pm – 7:30 pm

Workshop Location

Kalamazoo Public Library, downtown Kalamazoo

Performance Date

September 19th 2019

Doors open at 6:00 pm, refreshments provided
Cityscape at 125 S. Kalamazoo Mall

“Messages of Hope”-Youth Parent/Guardian Permission Slip
Please Print



Name:

School:

Grade:

Birthdate:

Who Referred You:

E-Mail:

Phone Number:

Address:

Guardian/Parent Name:

_____ (*Name of Youth*) has my permission to participate in the
“Messages of Hope” workshops. I understand that we are responsible for our own
transportation.

Signature **Date**

Return this form by email to Gryphon Place at jvanoosterhout@gryphon.org