



SFWAR

SPEAKER REQUEST FORM

THIS BOX IS FOR OFFICE USE ONLY			
STAFF ASSIGNED		RECEIVED BY	
CONFIRMED BY		DATE	
DATE		DONATION	

Contact Person:			
Organization:			
Phone 1:		Phone 2:	
Email:		Fax:	

PRESENTATION TYPE (CHECK ONE)	<input type="checkbox"/> PRESENTATION ASSEMBLY	<input type="checkbox"/> PEER ED	<input type="checkbox"/> TABLING SUPPORT GROUP	<input type="checkbox"/> PROVIDER TRAINING TECHNICAL ASSISTANCE
--------------------------------------	--	----------------------------------	--	---

TOPICS (check all that apply)	PARTICIPANTS
<input type="checkbox"/> Sexual Assault/Rape Prevention (SA) <input type="checkbox"/> Sexual Harassment (SH) <input type="checkbox"/> Healthy Relationships (HR) <input type="checkbox"/> Drug Facilitated Sexual Assault (DFSA) <input type="checkbox"/> Anti-Oppression (AO) <input type="checkbox"/> Internet /Technology Violence (ICT) <input type="checkbox"/> Bystander Intervention (BI) <input type="checkbox"/> Supporting and Working with Survivors of SA (SSA) <input type="checkbox"/> Self-Defense (SD) <input type="checkbox"/> Other _____	Number of Attendees
	Age Groups
	Sex/Gender
	Language
	INFORMATION ABOUT THE GROUP / REASON FOR REQUESTING PRESENTATION (BELOW)

--

EQUIPMENT / MATERIALS AVAILABLE FOR USE AT PRESENTATION SITE

<input type="checkbox"/> LAPTOP (MAC/PC)	<input type="checkbox"/> DRY ERASE/ CHALK BOARD	<input type="checkbox"/> INTERNET ACCESS	<input type="checkbox"/> TELEVISION	<input type="checkbox"/> VHS PLAYER
<input type="checkbox"/> LCD PROJECTOR	<input type="checkbox"/> PRESENTATION PAPER	<input type="checkbox"/> PROJECTION SCREEN	<input type="checkbox"/> DVD PLAYER	<input type="checkbox"/> LAPTOP SPEAKER

REQUESTED PRESENTATION DATES

REQUESTED PRESENTATION DATES				OFFICE USE ONLY
DATE 1:	TIME:	PERIOD:	TOPIC:	PR:
DATE 2:	TIME:	PERIOD:	TOPIC:	PR:
DATE 3:	TIME:	PERIOD:	TOPIC:	PR:
DATE 4:	TIME:	PERIOD:	TOPIC:	PR:
DATE 5:	TIME:	PERIOD:	TOPIC:	PR:

LOCATION WHERE PRESENTATION WILL TAKE PLACE

BUILDING NAME		ROOM #	
ADDRESS			
LOCATION NOTES			

SPEAKER REQUEST FORM

Volunteer Information (report to Director of Volunteers and Hotline)

Volunteer Name			
Hours/Shift Scheduled	TO	TOTAL HOURS	
Volunteer Name			
Hours/Shift Scheduled	TO	TOTAL HOURS	
Volunteer Name			
Hours/Shift Scheduled	TO	TOTAL HOURS	

CONTACT LOG

Date/Time	Person Contacted	Notes
/ /		
AM/PM		
/ /		
AM/PM		
/ /		
AM/PM		
/ /		
AM/PM		
/ /		
AM/PM		
/ /		
AM/PM		
/ /		
AM/PM		