



Courage



Strength Resilience



RESILIENT VOICES SPEAKERS BUREAU APPLICATION

Thank you for your interest in becoming a speaker with the Office of the Victim Advocate’s Resilient Voices Speaker Bureau. The goal of Resilient Voices is to provide a space for survivors to share their personal experience, strength and hope in a forum that best suits their individual goals. The following application is intended to provide our office with the necessary information we need to determine the best fit for you and your story.

*The contents of this application will be kept confidential and we will not disclose any personal or identifying information without your permission. Please complete this application to the best of your ability so that we can find a speaking venue that is the right fit for you. If you have written about your story in a book or online and would like to share that with us, that is great, but we still ask that you complete the form so that we can process your application.

First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____

State: _____ Zip Code: _____

Home Phone Number: _____

Permission to leave a voice mail? Yes No

Cell Phone Number: _____

Permission to leave a voice mail? Yes No

Email: _____

Date of Birth: _____ Gender: _____

PARTICIPATION

How would you like to participate in the Speakers Bureau? Please check all that apply.

Interviews with: Television Radio Newspaper Magazine
 Speak to school/community groups Speak at other events

Will you allow media to quote you by name or would you like to remain anonymous?
 Use actual name Anonymous

Have you ever been interviewed by the press about your experience? Yes No

Who interviewed you and where has your story appeared?

Have you ever been trained on public speaking (through a job, etc.)? Yes No

Who provided this training? _____

Have you ever spoken at an event? Yes No

Where and When?

Would you be comfortable speaking to adult and/or juvenile offenders either on Probation & Parole or inside State Correctional Institutions? (Understanding you would have an advocate with you)

Yes No

INFORMATION ABOUT YOUR CRIME:

What was the nature of your crime?

Was your crime reported to the police? Yes No

Was the perpetrator a Juvenile Adult

Did you go through any court proceedings? Yes No

If so what was the outcome of those proceedings? Guilty Verdict Not-Guilty Verdict

Plea Agreement Case Dismissed Mistrial Hung Jury Civil Disposition

PFA Granted PFA Denied Case Pending Defendant Deceased

Other outcome:

Is the perpetrator(s) serving any form of sentence at this time? Yes No
If yes, County Jail State Prison

HELP AND HEALING

Have you ever spoken openly about your experience? Yes No

Did you contact a Victims Services Center? Yes No

Did you or do you have a victim advocate or counselor you work with? Yes No

Do you have any safety concerns regarding speaking to media or at public events? Yes No

What do you hope to gain from sharing your story and being a part of Resilient Voices?

Please feel free to add anything else you would like us to know about you or your experience:

I, _____, acknowledge that the above information is true and accurate.

Signature

Date

Please mail this form, along with the following items to:

Resilient Voices Speakers Bureau
Department of Corrections | Office of Victim Advocate
1920 Technology Parkway | Mechanicsburg PA 17050

- A photograph of yourself (if available)
- copies of magazine articles, newspaper clippings, links, or videotapes of your story

If you are under the age of 18, please have a parent or guardian sign below giving you permission to participate.

Signature

Date