

RESILIENT VOICES SPEAKER APPLICATION

Your voice has power.

Please complete this form to the best of your ability. If you are unsure of an answer, it is ok to leave the question blank. This form is required even if you have a published book or written story about your experience. A program coordinator will reach out to you shortly.

The contents of this application will remain confidential. No information contained herein will be used to disclose any personal or identifying information without your permission.

First Name:	Last Name:	
Address:		
Address Line 2:		
City:	State:	Zip:
Home Phone:		
Permission to leave voicemail	Yes	No
Cell Phone:		
Permission to leave voicemail	Yes	No
Email:		
Date of Birth:	Gender:	

Participation

1. Are there settings in which you are most interested in speaking? (community events, rallies, state prisons, law enforcement classes, schools/colleges, legislative testimony)

2. Are there setting in which you are not comfortable speaking? (community events, rallies, state prisons, law enforcement classes, schools/colleges, legislative testimony)

3. There may be speaking opportunities which would require you to travel. Do you have any travel concerns or restrictions? This could be a place associated with your experience where you'd prefer not to go or a prison in which your offender is serving. This is also an appropriate place to tell us if you are only comfortable traveling a certain distance from your residence due to cost and time.

4. Have you received any public speaking training? Yes _____ No _____
If so, who provided the training?
5. Have you ever spoken at a public event or to the media? Yes _____ No _____
If so, where and when?
6. *If you answered No to #5, please skip to question #7.*
What was positive about that experience? What was challenging about it?
7. What concerns do you have about sharing your experience publicly?
8. Understanding an advocate would be accompanying you, would you be comfortable speaking to
- a. adult/juvenile offenders on probation or parole? Yes _____ No _____
 - b. inside a state correctional institution? Yes _____ No _____

About Your Experience

1. What was the nature of your victimization? Please tell us briefly about your experience.

2. Was the crime against you reported to the police? Yes _____ No _____
3. Was the perpetrator a juvenile? _____ or an adult? _____
4. Did you go through any court proceedings? Yes _____ No _____
5. *If you answered No to #4, please skip to the next section.*
 If known, 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: _____
6. If known, is the perpetrator(s) serving any form of sentence at this time? Yes _____ No _____
 - a. He/she/they are in county jail _____ state prison _____

Help and Healing

1. Have you ever registered for services with the Office of Victim Advocate? Yes _____ No _____
2. What are the personal goals you hope to achieve from being a part of the Resilient Voices Program?
3. Please add anything else you'd like us to know about you or about your experience.

Signature and Submission Information

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

Signature

Date

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

I, _____, grant permission for the abovementioned minor who is under my care and guardianship to participate in the Office of Victim Advocate Resilient Voices Program.

Signature of Parent/Guardian

Date

If available, please include the following with your application:

_____ photograph of yourself

_____ copies of news articles related to your experience

_____ copies of written story/testimony/published book

_____ links to websites associated with your experiences:

Mail this form and attachments to:

**Resilient Voices Program
Office of Victim Advocate
1101 S. Front Street
Harrisburg, PA 17104**