

# 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.*

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

## Participation

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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**

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1. What was the nature of your victimization? Please tell us briefly about your experience.  
*If you've experienced multiple victimizations, please limit your response specifically to the victimization you'll be speaking about.*

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**

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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

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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return this form and attachments to (email) [RA-PMOVA-RSLNTVOICES@pa.gov](mailto:RA-PMOVA-RSLNTVOICES@pa.gov) or (mail)

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