

CARE

UCI CAMPUS ASSAULT  
RESOURCES AND  
EDUCATION

**CARE SPEAKERS BUREAU  
FRIEND/FAMILY MEMBER FORM**

The UCI Campus Assault Resources and Education (CARE) office provides services related to or issues related to emotional, verbal and physical abuse, sexual violence, gender issues, and personal safety. The CARE Speakers Bureau consists of individuals who are willing to discuss personal experiences for the purpose of increasing awareness of these issues.

Please provide us with some information about the experience(s) that you would like to share. If you are uncomfortable with answering any of these questions, please feel free to leave them blank.

**Name (First, Last):** \_\_\_\_\_

**Address (include Apt/Suite #):** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Phone Number:** \_( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Check One:**

Female       Male       Transgender (M-F)       Other \_\_\_\_\_

**Your relationship to the victim:**

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

**Type of incident:**

Sexual Assault/Rape       Relationship Abuse       Stalking       Other \_\_\_\_\_

**Age of the victim at the time of the incident(s):** \_\_\_\_\_

**If known, who did he/she tell first (ex. Hotline, friend, family member, teacher, etc.) ?**

\_\_\_\_\_

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**Did he/she receive counseling from a victim services group? If no, please specify the type of counseling he/she received (if any) such as church, school, professional, etc.**

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**Have you ever called or visited the Campus Assault Resources and Education office?**

- Yes  No

**Was the crime reported to the police?**

- Yes  No

***If yes...* Was an arrest made?**

- Yes  No

**Was the perpetrator convicted?**

- Yes  No  Pending

**How long after the incident did the trial take place or was a plea bargain reached? (answer in years and/or months)**

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**Was the victim assaulted/abused by: (check all that apply)**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Friend/Partner | <input type="checkbox"/> Acquaintance |
| <input type="checkbox"/> Family Member  | <input type="checkbox"/> Stranger     |
| <input type="checkbox"/> Stalker        | <input type="checkbox"/> Other _____  |

**Please describe, briefly, the facts of what happened:**

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**How did you respond when the victim first told you? What were some of your reactions or feelings? (If you were not told directly by the victim, please share how you learned about the event and how this news impacted you)**

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**How did it affect your relationship with the victim?**

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**Sometimes friends or family members are also required to make difficult decisions in response to learning about assault or abuse. Were you faced with any such decisions? If so, what were they and how did you make them?**

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**How did you help or support your friend/family member? Were there things you or others did that may not have been so helpful?**

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**Were there things you or others did that may not have been so helpful?**

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**How would you like to participate in the Speakers Bureau? Please mark all that apply**

- Speak to school/community groups
- Speak at other events
- Other \_\_\_\_\_

**Are you comfortable speaking: (select all that apply)**

- Alone  Part of a panel  
 Other \_\_\_\_\_

**If media or the press were to hear your story, would you feel comfortable being quoted?**

- Yes  No

**If you are willing to be quoted, will you allow media to quote you by name or must it be anonymous?**

- Use actual name  Anonymous

**Have you ever been interviewed by the press about your experience?**

- Yes  No

**Have you ever been trained to speak to the media (through a job, etc.)**

- Yes  No

**Do you give your permission to release your image or quotes?**

Your image?  Yes  No

Your quotes?  Yes  No

**Please feel free to add anything else you'd like us to know about how you dealt or are dealing with the impact of this experience.**

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**By Checking this box I (name of Speaker), \_\_\_\_\_, acknowledge that the above information is true and accurate.**

If you are under the age of 18, please have a parent or guardian contact CARE by mail or phone.

Please submit completed application to:

**Campus Assault Resources and Education**  
G320 Student Center  
Irvine, CA 92697  
(949) 824-7273  
[CARE@uci.edu](mailto:CARE@uci.edu)

**Thank you for your willingness to share your story as a part of our Speakers' Bureau. We believe that the friends and family members of victims experience their own healing process and appreciate that you are willing to share your own personal story. We do ask, however, in respect for the privacy of the victim/survivor in your life, that you restrict your narrative to your own personal experience and refrain from sharing the details or experiences of another person's story.**

*After filling out this form you will be contacted by the Director of Care, Dr. Mandy Mount, to discuss your interest in becoming a member of the CARE Speakers Bureau. If you are selected to speak as a member of the bureau, you will retain the option of participating in upcoming opportunities according to your interest and schedule.*