

CARE SPEAKERS BUREAU

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 TransMan TransWoman Other _____

Type of Event Experienced (check all that apply):

- | | |
|---|-----------------------|
| <input type="checkbox"/> Sexual Assault | Number of times? ____ |
| <input type="checkbox"/> Sexual Battery | Number of times? ____ |
| <input type="checkbox"/> Rape | Number of times? ____ |
| <input type="checkbox"/> Relationship Abuse | Number of times? ____ |
| <input type="checkbox"/> Physical | |
| <input type="checkbox"/> Emotional | |
| <input type="checkbox"/> Verbal | |
| <input type="checkbox"/> Sexual | |
| <input type="checkbox"/> Economic | |
| <input type="checkbox"/> Stalking | Number of times? ____ |
| <input type="checkbox"/> Other _____ | Number of times? ____ |

Which of these are you willing to discuss? (check all that apply)

- Sexual Assault
- Sexual Battery
- Rape
- Relationship Abuse
 - Physical
 - Emotional
 - Verbal
 - Sexual
 - Economic
- Stalking
- Other _____

Please check all that apply to your situation (s):

- Alcohol was consumed
 - By me
 - By the offender
 - By others
- Drugs were consumed
 - By me
 - By the offender
 - By others
- The perpetrator of my abuse was:
 - A stranger
 - An acquaintance
 - A friend
 - A romantic/dating partner
 - A family member
 - Other: _____
- A report was made to:
 - The police
 - Student conduct
 - Child protective services
 - Administrators at a school
 - No one
 - Other: _____
- I utilized the following services:
 - Counselor/Psychologist
 - Advocate
 - Private lawyer
 - Personal doctor
 - Hospital – forensic exam
 - Hospital – other
 - Psychiatrist
 - Group counseling
 - Educational workshops

- Church/ faith group
- Other: _____ -

What was your experience like with this type of support?

Please answer the following questions related to your experience, so that we may learn more about you.

Who have you shared these experiences with? (ex: hotline, friend, counselor, family member, teacher, etc.)

What were their responses and how did their responses impact you?

Have you ever spoken with a group of people about your experience(s)?

- Yes
- No

Was the perpetrator convicted?

- Yes
- No
- Pending

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

Some events may be public/media do we have your permission to release:

Your image? Yes No

Your quotes? Yes No

Please feel free to add anything else you'd like us to know about you/your experience

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 92697-2220
(949) 824-7273
CARE@uci.edu

Thank you for your willingness to share your story as a part of our speakers' bureau. We hope that your experience can be used to assist with the education and awareness of others, in order to continue building toward the goal of an empathic and violence-free society.

After submitting a completed 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.