



APPLICANT INFORMATION

NAME:	TODAY'S DATE: / /
COMPANY / ORGANIZATION / OTHER:	
ADDRESS:	
TELEPHONE: () -	EMAIL:
Please contact me by <input type="checkbox"/> Telephone <input type="checkbox"/> Email	
How did you hear about the Speakers Bureau?	
Where did you access the Speakers Bureau application?	

APPLICANT DEMOGRAPHICS

Ethnicity:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian _____(please specify)
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White (Not Hispanic or Latino)	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Former Soviet _____(please specify)	<input type="checkbox"/> Other _____(please specify)

Age:

Under 18
 18-19
 20-29
 30-39
 40-49
 50-59
 60-69
 70+

How do you identify your sexual orientation: _____	How do you identify your gender: _____
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APPLICANT EXPERIENCE

Please describe your public speaking experience if any. If you have no public speaking experience, please check the "None" box. **Note: prior speaking experience is not required.**

None

APPLICANT INTERESTS

I am interested in speaking to: <input type="checkbox"/> Age group: _____ <input type="checkbox"/> Geographic area: _____ <input type="checkbox"/> Specific Audience: _____ <input type="checkbox"/> No preference	Availability (check all that apply) <input type="checkbox"/> Business Hours <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Other _____
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I am interested in speaking about (check all that apply):

- My story of hope and wellness Overcoming stigma Cultural and ethnic perspectives
 Getting help for a loved one Services and support Advocating for change
 Navigating the health system Overcoming challenges Family stories (challenges, hope, recovery)
 Other

ADDITIONAL INFORMATION

Please tell us a little bit about yourself and your interest in joining the Speakers Bureau:

Which languages would you be comfortable using in front of an audience (Check all that apply):

- English Arabic Cantonese Hmong Russian Spanish Vietnamese Other: _____

Are you interested in offering assistance or volunteering time to the Speakers Bureau either in addition to or in place of speaking?

- Yes No If Yes, please specify
- Helping at a future event Helping to recruit speakers
 Helping promote the Speakers Bureau Other: _____

Optional: Please indicate your experience with mental illness (check all that apply):

- I am a family member, friend or loved one of someone living with mental illness
 I am, or have been, a consumer of mental health services
 I have a message of wellness, hope or recovery I want to share
 I am an educator or health professional Other: _____

Any other information you would like us to know:

Return Application:

PRINTED COPY

By Fax: (916) 875-5888
Attn: Stop Stigma Sacramento Speakers Bureau

By Mail: Sacramento County
Stop Stigma Sacramento Speakers Bureau
Attn: Chantal Allen-Jarrell
7001-A East Parkway, Suite 600B
Sacramento, CA 95823

EMAIL

By Email:
1. Save the completed application.
2. Reattach to an email and email to info@stopstigmatasacramento.org

Scanned copies may also be emailed to info@stopstigmatasacramento.org

New speaker training and orientation sessions are held 2-3 times yearly. Someone from Stop Stigma Sacramento will contact you within 1-2 weeks to discuss orientation and training. For assistance, or for questions about your application, email info@stopstigmatasacramento.org.