



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	
<b>Ethnicity:</b>	
<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)
<b>Age:</b>	
<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+	
How do you identify your sexual orientation: _____	How do you identify your gender: _____
APPLICANT EXPERIENCE	
Please describe your public speaking experience if any. If you have no public speaking experience, please check the "None" box. <b>Note: prior speaking experience is not required.</b>	
<input type="checkbox"/> None	
APPLICANT INTERESTS	
<b>I am interested in speaking to:</b> <input type="checkbox"/> Age group: _____ <input type="checkbox"/> Geographic area: _____ <input type="checkbox"/> Specific Audience: _____ <input type="checkbox"/> No preference	<b>Availability</b> (check all that apply) <input type="checkbox"/> Business Hours <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Other _____

**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:

**Submit Application Via Email:**

1. Save the completed application to your device.
2. **Reattach the completed form to an email and send to [info@stopstigmasacramento.org](mailto:info@stopstigmasacramento.org).**

Scanned copies may also be emailed to [info@stopstigmasacramento.org](mailto:info@stopstigmasacramento.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@stopstigmasacramento.org](mailto:info@stopstigmasacramento.org).