
RAINN SPEAKERS BUREAU

*The contents of this application will be kept confidential and we will not disclose any personal or identifying information without your permission. Please complete this application to the best of your ability so that we can find a media outlet that is the right fit for you. If you are a survivor of multiple assaults, please complete pages 2 and 3 separately for each perpetrator. If you have written about your story in a book or online and would like to share that with us, that is great, but we still ask that you complete the form so that we can process your application.

CONTACT INFORMATION:

First Name: _____ **Last Name:** _____

Address: _____ **Apt. #** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **Permission to leave a voice mail? Yes** ___ **No** ___

Cell Phone Number: _____ **Permission to leave a voice mail? Yes** ___ **No** ___

Email: _____ **Date of Birth:** _____ **Female** ___ **Male** ___

SPEAKERS BUREAU PARTICIPATION:

How would you like to participate in the Speakers Bureau? Please check all that apply.

Interviews with: Television ___ Radio ___ Newspaper ___ Magazine ___

Speak to school/community groups ___ **Speak at other events** ___

Will you allow media to quote you by name or would you like to remain 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 ___

INFORMATION ABOUT THE PERPETRATOR:

Please provide us with any knowledge you may have regarding the perpetrator's additional encounters with the justice system? (e.g., previous jail sentences, additional arrests, other convictions of sexual assault, etc.)

INFORMATION ABOUT REPORTING:

Was the crime reported to the police? Yes ___ No ___

If no:

What were your reasons for not reporting? (e.g., fear of not being believed, concern for personal safety, lack of forensic evidence, etc.)

If yes:

Was an arrest made? Yes ___ No ___

Was the perpetrator convicted? Yes ___ No ___

How long after your attack did the trial take place or was a plea bargain reached?

___ Years ___ Months

Is there any additional information that you would like us to have regarding your experience with the police or the reporting process?

Was there a forensic exam (rape evidence kit) performed? Yes ___ No ___

If yes:

Did you receive a response about the results from your exam? Yes ___ No ___

Is there any additional information that you would like us to have regarding your experience with the forensic evidence collection process?

HELP AND HEALING:

Have you ever called the National Sexual Assault Hotline (1.800.656.HOPE)? Yes ___ No ___

Have you ever used the National Sexual Assault *Online* Hotline (rainn.org)? Yes ___ No ___

Did you contact a Rape Crisis Center? Yes ___ No ___

Have you received counseling? Yes ___ No ___

If yes:

What type of counseling have you received? (e.g., church, school, professional, etc.)

Please describe any mental health issues from which you have suffered as a result of your assault: (e.g., eating disorders, alcohol or drug abuse, suicide attempts, PTSD, etc.)

Have you received any form of treatment or rehabilitation? Yes ___ No ___

