



Prevail Speakers Bureau

For those survivors who have been out of services for a year or more who feel passionate and driven to share their experience with others, Prevail has created a 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 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.

When a reporter contacts Prevail and requests to interview a victim, we will contact you. We will not release your name or any personally-identifying information without your specific agreement. If you are interested, we will put you in touch with the reporter.

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Permission to Leave a voicemail? Yes ___ No ___

Cell Phone Number: _____) _____ Permission to Leave a voicemail? Yes ___ No ___

Email: _____ 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 ___

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

Fairs ___ Information Table ___

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 ___

How you ever been trained to speak to the media (through a job, etc.)? Yes ___ No ___

INFORMATION ABOUT THE ASSAULT:

If you are a survivor, please describe why it is important for you to be a speaker for Prevail?

How old were you when you were a victim? _____

Were you a primary or secondary victim? Primary _____ Secondary _____

What crime were you a victim of:

Domestic Violence _____ Sexual Assault _____ Child Abuse _____ Adult Abuse _____ Other _____

Were you assaulted by: (for media purposes)

Friend/partner _____ Family Member _____ Acquaintance _____ Stranger _____

What services did you use at Prevail?

When did you seek services at Prevail?

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 the arrest made? Yes _____ No _____

Was the perpetrator convicted? Yes _____ No _____

How long after the incident 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 or medical assistance sought as a result of the incident? 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?

What services did you receive from Prevail:

Individual Support Services _____ Group Support _____ Protective Order _____

Describe the services you received:

Please feel free to add anything else you would like us to know about you or your experience:

I, _____, acknowledge that the above information is true and accurate,

Signature

Date

Please mail this form, along with the following items to:

Prevail Inc.

Michelle Corrao

1100 South 9th Street, Suite 100

Noblesville, IN 46060

michelle@prevailinc.com

Please Include:

- A photograph of yourself
- Copies of magazines articles, newspaper clippings, or videotapes of your story

If you are under the age of 18, please have a parent or guardian sign below giving you permission to participate.
