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## RAINN SPEAKERS BUREAU

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\*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.

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### 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** \_\_\_

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### 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 \_\_\_

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**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.)

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**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.)

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**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?**

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**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?**

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**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.)

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**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.)

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**Have you received any form of treatment or rehabilitation?** Yes \_\_\_ No \_\_\_

