

**RAINN SPEAKERS BUREAU –
FRIEND/FAMILY MEMBER FORM**

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

Address: _____ **Apt. #** _____

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

Phone Number: _____

Email: _____

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

Age of victim at time of the assault? _____

Who did he/she tell first (ex. hotline, friend, family member, teacher, etc.)?

Did he/she receive counseling from a victim services group? If no, please specify the type of counseling he/she received (if any) such as church, school, professional, etc.

Have you ever called the National Sexual Assault Hotline? Yes ___ **No** ___

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

If yes:

—**Was an arrest made? Yes** ___ **No** ___

—**Was the perpetrator convicted? Yes** ___ **No** ___

Was the victim assaulted by –

___ friend/partner ___ family member

___ stranger ___ acquaintance

How did you help your friend/family member?

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

Interviews with...

Television Radio Newspaper Magazine

Speak to school/community groups?

Speak at other events?

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

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

Signature

Date

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

RAINN

2000 L Street NW, Suite 406

Washington, DC 20036

- a photograph of yourself
- copies of magazine 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.

Signature

Date