Thank you for being open to sharing your story with others. Each survivor’s experience is personal and unique. Your story has the potential to inspire hope and healing for others who have been through similar experiences.

Your privacy is important to us. We will keep this application confidential and will not disclose any personally identifying information about you or your experience without your explicit permission.

This application contains very detailed questions—there are 5 parts in total. Please only answer the questions you feel comfortable answering. These detailed questions are included so that we can connect you with requests we receive from media, community groups, and schools. These requests are often very specific—for instance, a community group or reporter may be interested in hearing from someone of a particular background (age, gender, geographic location) who has survived a particular type of violence.

You can print this form and fill it out by hand, or download the PDF and type in your answers using a PDF writer. If you have questions about the RAINN Speakers Bureau program or application process, please read through the Speakers Bureau FAQs or email us at speakersbureau@rainn.org.

Please submit this form, along with any additional items you'd like to include, such as:

- A photograph of yourself
- Copies or links of media coverage, interviews, or videos of your story

Mail to:
RAINN
1220 L Street NW, Suite 505
Washington, DC 20005

Email:
Add subject line “Application, Last Name”
speakersbureau@rainn.org
RAINN Speakers Bureau Application

Section 1: About You
This information helps us better match you with opportunities to share your unique story. Please provide personal contact details (cell phone or personal email), rather than work or school contact information, which may be temporary. Answer only those questions you feel comfortable answering.

First Name: ___________________________ Last Name: ___________________________
Gender: ___________ Date of Birth: ____________
Race/Ethnicity: ___________________________ Occupation:_________________________
Address: ____________________________________________ Apt. # ______________
City: ___________________________ State: _______ Zip Code: ______________
Phone Number: __________________________ Email: ___________________________
Other languages spoken and proficiency________________________________________
____________________________________________________________________________

Are you a member of or involved with any local or national organizations? For example, a local sexual assault service provider, faith-based organization, or community group

Yes ____ No ____ If yes, please list organizations:____________________________________

Do you currently or have you ever served in the US military?

Yes ____ No ____
If yes, in which branch did you serve? __________________ For how long?_____________
Were you active duty when you were assaulted? Yes_____ No_______

Section 2: Sharing Your Story
This section helps to gauge your comfort level in sharing your story. You do not need to have previous public speaking experience to participate in the Speakers Bureau. Answer only those questions you feel comfortable answering.

Have you ever spoken publicly about your experience? For example, speaking to a community group or being interviewed by a journalist

Yes____ No______
If applicable, please list specific media outlets and/or where your story has appeared.

____________________________________________________________________________

**Have you ever been involved with efforts to change or pass legislation?** *For example, meetings with lawmakers or grassroots efforts at a state or national level*

Yes____ No_____ If yes, what issue(s) were you advocating for?

____________________________________________________________________________

Who did you speak or work with (i.e. Congressional office staff or advocacy group)?

____________________________________________________________________________

Additional details ____________________________

____________________________________________________________________________

**Are there any specific policy areas or topics that you especially want to advocate for?**  
*For example, a particular piece of legislation, campus safety, reporting, etc.*

____________________________________________________________________________

____________________________________________________________________________

**Section 3: Information About Your Experience**  
*Answer only those questions you feel comfortable answering.*

**What type of sexual violence did you experience?**  
*If you are a survivor of multiple assaults or instances of abuse, we ask that you please list these experiences separately via the supplemental form (sections 3A and/or 3B).*

Rape/Sexual Assault ____ Child Sexual Abuse ____ Intimate Partner Violence ____

Multiple Perpetrator Sexual Assault ____ Other______________________________________

**How old were you when the assault or abuse began/occurred?** ______________________

**Where did the assault or abuse occur?** *For example, home, school, public place, etc.*

____________________________________________________________________________

**In what city and state did the assault or abuse occur?** ______________________________

**Duration of the assault or abuse:**

One time ____ Repeated ____ Currently Ongoing ____
Perpetrator(s):
Friend/Acquaintance _____ Family member _____
Intimate Partner (such as a spouse or partner) _____ Stranger _____
Helping Professional (teacher, doctor, religious leader, etc.) _____ Other___________________

Did the perpetrator(s) use any of the following:
Intimidation _____ Coercion _____ Physical Force _____ Drugs/Alcohol _____ Weapon _____
Kidnapping _____ Threats _____ Emotional Abuse _____
Grooming _____ Other______________________________________________________________

Additional details about your experience
You may use this space to include any additional details about the experience you feel comfortable sharing. If you need additional space, feel free to attach additional pages.
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Section 4: Disclosure and Reporting

Answer only those questions you feel comfortable answering.

Did you reach out for help after the assault or abuse?
If you are a survivor of multiple assaults or instances of abuse, we ask that you please list information about disclosing and reporting separately via the supplemental form (sections 4A and/or 4B).

Yes ____ No ____ If yes, where did you turn?_______________________________________

Have you contacted the National Sexual Assault Hotline? Check all that apply.

Telephone 800.656.HOPE _____ Online Chat (online.rainn.org) _____
RAINN’s Spanish Language Services (telephone, online chat, La Sala de Ayuda) ______
The DoD Safe Helpline (safehelpline.org or 877.995.5247) _____

If you contacted any of these hotlines, how would you describe your experience? Is there anything about these services you want to share with other survivors?
___________________________________________________________________________
___________________________________________________________________________

Did you receive a sexual assault forensic exam (commonly known as a “rape kit”)?

Yes ____ No ____ If yes, where was the exam conducted? (City, State) _______________________

Was the evidence tested by a lab? Yes ____ No ____ Don’t Know _____

Did the testing identify a perpetrator(s)? Yes ____ No ____ N/A____

Did you report the incident(s) to police?

Yes ____ No ____

If no, why did you choose not to report?
______________________________________________________________________________

If yes, was an arrest made? Yes ____ No ____

If yes, how long after the experience did a trial take place/was a plea bargain reached?
______________________________________________________________________________

Was the perpetrator(s) convicted? Yes ____ No ____
Additional details: ________________________________________________________________

Did you report to any other authorities? *For example, campus police or Child Protective Services*

Yes ____ No ____ If yes, what was the result of that experience? __________________________

Were you prevented from seeking justice by any other factors, such as the Statute of Limitations?

________________________________________________________________________

Is there any additional information you’d like to share regarding the reporting process?

________________________________________________________________________

To your knowledge, did the perpetrator(s) have any additional encounters with the criminal justice system?

Arrests ____ Convictions ____ Unknown ____

Additional Details: ________________________________________________________________

________________________________________________________________________

Section 5: Healing and Recovery

*We are interested in hearing about your unique path to healing and recovery. Answer only those questions you feel comfortable answering.*

Did you tell anyone about the experience? If so, who did you tell?

________________________________________________________________________

________________________________________________________________________

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Have you experienced any notable response from sharing your experience with others? For example, hearing from other survivors for the first time, support from loved ones, alienation, or bullying

___________________________________________________________________________________________

___________________________________________________________________________________________

Have you received counseling or any type of therapy?
Yes ____ No ____

If yes, what type of counseling have you received? (Check all that apply)
Individual ____ Group ____ Other__________________________

Where did you receive this support? For example, a therapist, a local sexual assault service provider, campus resource, church or faith-based institution etc.

___________________________________________________________________________________________

Have you experienced any psychological, physical, or emotional effects as a result of the assault or abuse? For example, eating disorders, depression or PTSD

___________________________________________________________________________________________

___________________________________________________________________________________________

Has the assault or abuse impacted your relationships with loved ones?

___________________________________________________________________________________________

___________________________________________________________________________________________

Has anyone been especially helpful with your healing or criminal justice process? For example, a friend, family member, SANE nurse, police officer, counselor, etc.

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Please feel free to add anything else you would like us to know about you or your experience.
Terms and Conditions

I understand that as a RAINN Speakers Bureau member, I represent only myself and my personal views and opinions. I understand that I am not authorized to speak on behalf of or as an agent of RAINN. I understand that I may not provide an endorsement any product or service or express an opinion on behalf of RAINN. I understand this is an unpaid volunteer opportunity and I may not ask for compensation from RAINN, the media or organizations that I speak to. I understand that I have the ability to decline any speaking or media opportunities at my sole discretion. I understand that RAINN may terminate or suspend my participation in the Speakers Bureau at any time, with or without notice, for any reason, including the breach of these terms. I understand that this application, and information contained within, is subject to RAINN’s privacy policy.

I, ____________________________, accept all the terms and conditions above, and acknowledge that the information in this application is true and accurate.

Signature _______________________________________  Date ________________________

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

______________________________  ________________________________
Parent/Guardian Name  Phone Number

______________________________
Parent/Guardian Contact (email or phone)

______________________________  ________________________________
Signature or electronic signature  Date