

# SPEAKERS BUREAU APPLICATION



## Basic Information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

## Describe your leadership experience:

---

---

---

---

## What experience do you have with public speaking / presentations?

---

---

---

## Have you participated in any of the following programs?

Building Leadership Series (IIDC) \_\_\_\_\_

Partners in Policymaking (GCPD) \_\_\_\_\_

Aktion Club Leadership \_\_\_\_\_

ALPS (Special Olympics) \_\_\_\_\_

Best Buddies Ambassadors/Conference \_\_\_\_\_

Other (please describe) \_\_\_\_\_

**PAGE 2**

**Work Experience:**

Are you employed? \_\_\_\_Yes \_\_\_\_No

If yes, where do you work?

\_\_\_\_\_

How long have you worked there?

\_\_\_\_\_

List your past places of employment:

\_\_\_\_\_  
\_\_\_\_\_

Please list one person we can contact as a reference.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**What skills are you most proud of and why would this be a good job for you? (Please use an additional page if needed.)**

*Please return application by **November 11** to:*

*Jill Smith, 107 N. Pennsylvania Street, Suite 800, Indianapolis, IN 46204 or [jsmith@arcind.org](mailto:jsmith@arcind.org)*

*You may fax the application to 317-977-2385*