

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) _____ | ALPS (Special Olympics) _____ |
| Partners in Policymaking (GCPD) _____ | Best Buddies Ambassadors/Conference _____ |
| Aktion Club Leadership _____ | Other (please describe) _____ |

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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

You may fax the application to 317-977-2385