

UCI CARE

CARE SPEAKERS BUREAU

UCI CARE provides free and confidential support services to members of the UCI community impacted by sexual assault, relationship abuse, family violence and/or stalking. UCI CARE aims to end these forms of power-based personal violence by engaging the community in education, programming and transformative action. The CARE Speakers Bureau is comprised of individuals who are willing to discuss personal experiences for the purpose of increasing awareness of the impact and dynamics of power-based personal violence and contributing to its prevention.

Please provide us with some information about the experience(s) that you would like to share. If you are uncomfortable with answering any of these questions, please feel free to leave them blank.

If you are a current UCI affiliate and would like to discuss options or feelings related to the content of this application, you may contact the CARE front desk at (949) 824-7273 or care@uci.edu to schedule an appointment to meet with a confidential advocate.

Name (First, Last): _____

Your preferred gender pronoun(s) _____

Address (include Apt/Suite #): _____

City, State and Zip Code: _____

Phone Number: (____) _____ **Email:** _____

Date of Birth: _____

Gender

- Female Male TransMan TransWoman Genderqueer
 Self-Identified Agender

Type of Event Experienced (check all that apply):

- Sexual Assault Number of times/ages: _____
 Rape Number of times/ages: _____
 Relationship Abuse Number of times/ages: _____
 Physical
 Emotional
 Verbal
 Sexual
 Economic
 Other

- Stalking Number of times/ages: _____
- Other _____ Number of times/ages: _____

Which of these are you willing to discuss?

Please check all that apply to your situation (s):

- Alcohol was consumed
- By me
 - By the offender
 - By others
- Drugs were consumed
- By me
 - By the offender
 - By others
- The person who harmed me was:
- A stranger
 - An acquaintance
 - A friend
 - A romantic/dating partner
 - A family member
 - Other: _____
- A report was made to:
- The police
 - The Title IX office (Office of Equal Opportunity & Diversity)
 - Child protective services
 - Administrators at a school
 - No one
 - Other: _____
- I utilized the following services:
- Counselor/Psychologist
 - UCI CARE Advocate
 - Other Advocate
 - Private lawyer
 - Doctor
 - Hospital – forensic exam
 - Psychiatrist
 - Group counseling
 - Educational workshops
 - Church/ faith group
 - Other: _____

What was your experience like with these forms of support?

Please answer the following questions related to your experience, so that we may learn more about you.

Who have you shared these experiences with? (ex: hotline, friend, counselor, family member, teacher, etc.)

What were their responses and how did their responses impact you?

Have you ever spoken with a group of people about your experience(s)?

Yes No

Was the person who caused the harm convicted of a crime or held responsible for a policy violation?

Yes No Pending

Please describe what happened

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

- Speak to school/community groups
- Speak at other events
- Other _____

Are you comfortable speaking: (select all that apply)

- Alone
- Part of a panel
- Other _____

If media or the press were to hear your story, would you feel comfortable being quoted?

- Yes
- No

If you are willing to be quoted, will you allow media to quote you by name or must it be 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

Some events may be public/media do we have your permission to release:

- Your image? Yes No
- Your quotes? Yes No

Please feel free to add anything else you'd like us to know about you/your experience

By Checking this box I (name of Speaker), _____, acknowledge that the above information is true and accurate.

If you are under the age of 18, please have a parent or guardian contact CARE by mail or phone.

Please submit completed application to:

UCI CARE
G320 Student Center
Irvine, CA 92697-2220
(949) 824-7273
CARE@uci.edu

Thank you for your willingness to share your story as a part of our speakers' bureau. We hope that your experience can be used to assist with the education and awareness of others, in order to continue building toward a violence-free society.

After submitting a completed form you will be contacted to set up a meeting with the Director of UCI CARE, Dr. Mandy Mount, to discuss your interest in becoming a member of the CARE Speakers Bureau. If you are selected to speak as a member of the bureau, you will retain the option of participating in upcoming opportunities according to your interest and schedule.