

GUEST SPEAKER INFORMATION FORM

Payne County Youth Services, Inc.
P. O. Box 2647
Stillwater OK 74076-2647

We consider applicants for all guest speakers without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Date of Application	Date to Appear as Guest Speaker
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How did you learn about the Payne County Youth Services?

- Advertisement
 Friend / Relative
 Employment / Volunteer Agency
 Teacher
 Public Service Announcement
 Other _____

Last Name	First Name	Middle Name/Initial
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Address	City	State	Zip Code
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Telephone Number(s)

Home _____;
 Work _____
 Cell _____

Best Time to Contact You ____ a.m. ____ p.m.

Emergency Contact Name: Last _____ First _____ MI _____

Relationship: _____ Emergency Contact Phone: _____

Have you ever spoken at Payne County Youth Services before? Yes No

If Yes, give dates and description of topic: _____

Are you 18 years of age or older? Yes No

This will not impact your ability to speak at our agency.

Do any of your friends or relatives work or volunteer at our agency? Yes No

If Yes, state name(s) and relationship(s): _____

Is this speaking engagement required for a class / court? Yes No

If Yes, how many hours are required? _____

Do you currently speak at any other agencies? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

<i>School</i>	<i>Name/Address of School</i>	<i>Course of Study</i>	<i>Years Completed</i>	<i>Diploma/Degree</i>
<i>High School</i>				
<i>Undergraduate College</i>				
<i>Graduate/ Professional</i>				
<i>Other (Specify)</i>				

Please indicate those items you are required to accomplish through your guest speaking engagement

- | | | |
|---|---|---|
| <input type="checkbox"/> Work with children | <input type="checkbox"/> Develop specific skills | <input type="checkbox"/> Teach children specific skills |
| <input type="checkbox"/> Observe children | <input type="checkbox"/> Work on event / project | <input type="checkbox"/> Develop a program for children |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Work with a specific person / position | <input type="checkbox"/> Other _____ |

Please indicate those items you would like to accomplish through your guest speaking engagement

- | | | |
|---|---|---|
| <input type="checkbox"/> Work with children | <input type="checkbox"/> Develop specific skills | <input type="checkbox"/> Teach children specific skills |
| <input type="checkbox"/> Observe children | <input type="checkbox"/> Work on event / project | <input type="checkbox"/> Develop a program for children |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Work with a specific person / position | <input type="checkbox"/> Other _____ |

REFERENCES

Please provide three (3) references whom we may contact prior to your speaking engagement.
(Please print)

Ref #1 Name: _____ Address: _____

Phone: _____ Length & type of acquaintance: _____

Ref #2 Name: _____ Address: _____

Phone: _____ Length & type of acquaintance: _____

Ref #3 Name: _____ Address: _____

Phone: _____ Length & type of acquaintance: _____