

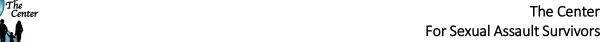
Community Engagement Request Form

All requests must be submitted to **tduesbery@VisitTheCenter.org** a minimum of 14 days prior to the event date. The Center for Sexual Assault Survivors will make every effort to approve all requests; however, training requests are subject to funding and staff availability.

Request	Details				
Requesting			Event Title		
Agency Contact Person			Event Date		
Title			Start Time		
Phone #			End Time		
Email			Arrive By		
Location			Address		
Room #					
Audience					
Check all that	apply:	Adults 18-59yrs old Adults 60+yrs old Children (Age Range K-12 Students (Grade College Students General Public Parents/Caregivers		Military Law Enforcement Medical Professionals Internal/Agency Staff Allied Professionals School Staff/Faculty Other ()
# of People Expected to A	Nttend:				



Topics to Cover		
Check all that apply:	The Center's Services Dynamics of Sexual Assault Human Trafficking Consent/Healthy Sexuality Healthy Relationships Teen Dating Violence Underserved Populations (i.e. LGBTQ+, elderly, people w/ disabiliti immigrants/refugees, etc.)	Neurobiology of Trauma Stalking Child Sexual Assault Perpetrators Bystander Intervention Advocacy Other () es,
Format		
Check all that apply:	Awareness Table Lecture style training Plenary Speaker	Panel Webinar Other ()
Equipment Provid	ed (check all that apply)	
Training Event:	Laptop Audio + Video Capability None	Power Point Remote Control (clicker) Other ()
Table Event:	Table (length) Electrical Outlet Food None	Chairs (#) Extension Cord Beverage Other ()
Requestor's Signa	ture	
If you need cancel or ch soon as possible at (757	ange the date/time of this training event, plear) 5)599-9844 or tduesbery@visitthecenter.org . ent, please call (757)236-5260.	
	Signature	Date



Internal Use Only Received: Approved Rejected Assigned to: # Volunteers Needed: _____ Comments

Teri Duesbery Programs Manager Date