



Community Engagement Request Form

All requests must be submitted to the Program Manager, Sydni Ewell at sewell@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 Agency		Event Title	
Contact Person		Date	
Title		Start Time	
Phone #		End Time	
Email		Arrive By	
Location		Address	
Room #			

Brief Description

Audience

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Adults 18-59yrs old | <input type="checkbox"/> Military |
| <input type="checkbox"/> Adults 60+yrs old | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Children (Age Range _____) | <input type="checkbox"/> Medical Professionals |
| <input type="checkbox"/> K-12 Students (Grades _____) | <input type="checkbox"/> Internal/Agency Staff |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Allied Professionals |
| <input type="checkbox"/> General Public | <input type="checkbox"/> School Staff/Faculty |
| <input type="checkbox"/> Parents/Caregivers | <input type="checkbox"/> Other (_____) |

of People

Expected to Attend: _____



Topics to Cover

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> The Center's Services | <input type="checkbox"/> Neurobiology of Trauma |
| <input type="checkbox"/> Dynamics of Sexual Assault | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Child Sexual Assault |
| <input type="checkbox"/> Consent/Healthy Sexuality | <input type="checkbox"/> Perpetrators |
| <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Bystander Intervention |
| <input type="checkbox"/> Teen Dating Violence | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Underserved Populations | <input type="checkbox"/> Other (_____) |

(i.e. LGBTQ+, elderly, people w/ disabilities, immigrants/refugees, etc.)

Format

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Awareness Table | <input type="checkbox"/> Panel |
| <input type="checkbox"/> Lecture style training | <input type="checkbox"/> Webinar |
| <input type="checkbox"/> Plenary Speaker | <input type="checkbox"/> Other (_____) |

Equipment Provided (check all that apply)

Training Event:

- | | |
|---|---|
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Power Point |
| <input type="checkbox"/> Audio + Video Capability | <input type="checkbox"/> Remote Control (clicker) |
| <input type="checkbox"/> None | <input type="checkbox"/> Other (_____) |

Table Event:

- | | |
|---|---|
| <input type="checkbox"/> Table (length _____) | <input type="checkbox"/> Chairs (# _____) |
| <input type="checkbox"/> Electrical Outlet | <input type="checkbox"/> Extension Cord |
| <input type="checkbox"/> Food | <input type="checkbox"/> Beverage |
| <input type="checkbox"/> None | <input type="checkbox"/> Other (_____) |

Requestor's Signature

If you need cancel or change the date/time of this training event, please contact The Center staff as soon as possible at (757)599-9844 or sewell@visitthecenter.org . If you are canceling within 48 hours of the training event, please call (757)236-5260.

Signature

Date



Internal Use Only

Received: _____

Approved

Rejected

Assigned to: _____

Volunteers Needed: _____

Comments

Sydni Ewell
Victim Services & Program Manager

Date