



WORLD

Women Organized to Respond to Life-threatening Diseases

Speaker's Bureau Training Application Form

Name: _____

Date of Birth (mm/dd/yyyy): _____ Gender: _____

Full mailing address: _____

Telephone #s:

home _____ best time to call _____ ok to leave msg? _____

work _____ best time to call _____ ok to leave msg? _____

cell _____ best time to call _____ ok to leave msg? _____

Do you have any children that you may need childcare for? If yes, how many? _____

Cultural Background/Ethnicity: _____

Language(s) Spoken: _____

Tell us about your personal experience with HIV/AIDS and why you want to be a part of WORLD's Speaker's Bureau.

Please describe any training and/or experience you have with public speaking:

What other qualities or experiences do you have that you can draw upon to be an effective speaker for WORLD?