

LIFENET
SPEAKER/VOLUNTEER FORM

TODAY'S DATE: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE(____) _____ BUSINESS:(____) _____

CELL PHONE: _____ E-MAIL: _____

NATIVE CITY/STATE: _____

MARITAL STATUS: _____ CHILDREN: YES ☐ NO ☐ IF YES, HOW MANY? _____

PROFESSION/OCCUPATION _____

IF YOU ARE A STUDENT LIVING AWAY FROM HOME:

ADDRESS AT SCHOOL: _____

CITY: _____ STATE: _____ ZIP _____

EDUCATIONAL BACKGROUND

COLLEGE _____

CITY _____ STATE: _____ YEAR GRADUATED _____

MAJOR _____

POST GRADUATE SCHOOL _____

CITY _____ STATE _____ YEAR GRADUATED _____

POST GRAD. FIELD OF STUDY AND DEGREE _____

FOR SPEAKING - PREFERRED AUDIENCE(S):

YOUTH GROUPS ☐ HIGH SCHOOLS ☐ COLLEGES ☐ ADULTS ☐

TIMES YOU ARE AVAILABLE (PLEASE CHECK ALL APPLICABLE BOXES):

WEEKDAYS: ☐ A.M. ☐ AFTERNOONS ☐ EVENINGS

SATURDAYS: ☐ A.M. ☐ AFTERNOONS ☐ EVENINGS

SUNDAYS: ☐ A.M. ☐ AFTERNOONS ☐ EVENINGS

PLEASE COMPLETE OTHER SIDE

PLEASE LIST ANY PRO-LIFE ACTIVITIES IN WHICH YOU PRESENTLY OR PREVIOUSLY PARTICIPATED:

1. _____
2. _____
3. _____
4. _____

PLEASE LIST ANY OTHER VOLUNTEER ACTIVITIES YOU ARE INVOLVED IN:

WHAT TALENTS/SKILLS CAN YOU OFFER TO LIFENET?

DO YOU HAVE PREVIOUS PUBLIC SPEAKING TRAINING AND/OR EXPERIENCE?

NO ☐ YES ☐

IF YES, PLEASE EXPLAIN: _____

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO BECOME A LIFENET SPEAKER OR VOLUNTEER.
