



Speaker/ Participation Request Form

CONTACT INFORMATION

Name of Organization:
Event Name:
Event Date:
Contact Name:
Address:
Street City State, Zip Code
Email Address:
Phone Number:

EVENT INFORMATION

Event Description:
What day will the event take place? At what time and for how long? What time would you like us to arrive?
What is the location of the event?
What would you like ABW staff to do at your event (table, give a presentation or address, etc)?

How many people do you anticipate attending?
Who will attend (please check all that apply)? <input type="checkbox"/> Adults <input type="checkbox"/> College Students <input type="checkbox"/> Children (specify age range): _____ <input type="checkbox"/> High School Students <input type="checkbox"/> Senior Citizens
Do you need us to bring materials or supplies? Yes No If so, what? What materials or supplies will you provide (table, microphone, etc.)?
Will there be an opportunity to sell Willow items (bracelets, pins, mugs, etc)? Yes No May we solicit donations? Can we keep a record of names, addresses, etc. of potential volunteers &/or donors?
What kind of follow-up is needed after the event?
Please provide any additional information you believe will be helpful to us:

QUESTIONNAIRE

How did you hear about Willow?
Why are you interested in Willow participating in your event?

Do you have concerns about Willow's participation in your event?

Willow requires at least one month's notice before an event. Filling out this form does not guarantee that a representative from Willow will be able to participate in your event.

Please email the completed form to
volunteer@willowcenterny.org

Or, mail the form to:
Willow Domestic Violence
Center P.O. Box 39601
Rochester, NY 14604-9601

Thank you for your time, we will consider your application carefully.