

Speakers Bureau Application

YOUTH AND YOUNG ADULT

Name: _____

Address: _____

City/state/zip: _____

Phone 1: _____ Phone type: _____

Phone 2: _____ Phone type: _____

Email: _____

Age and year you entered foster care: _____

Age at time of placement in your foster or adoptive home:

Date of adoption: _____ Date of birth: _____

Were you placed from another state? _____

School/occupation: _____

Religion/communities of faith/other beliefs:

Race: _____

Ethnicity: _____

Languages spoken: _____

Demographics

Please check all that apply.

Adopted by individual(s) with disabilities

Adopted from another jurisdiction

Adopted with your siblings

A teen at the time of adoption

Adopted by a relative

Specify relationship: _____

Adopted into a multi-ethnic family

Adopted by LGBT parents

Adopted by someone you know (e.g., coach, teacher, caseworker, friend's parent(s))

Please specify: _____

Guardianship

Aged out of foster care

Aged out of foster care with relational permanency

Specify relationship: _____

Other: _____

Caseworker Information

If you are currently in care, please list your caseworker. If you no longer have a caseworker, please provide information on your previous caseworker or a worker that completed your adoption.

Caseworker name: _____

Caseworker agency: _____

Caseworker address: _____

Caseworker phone: _____

Caseworker email: _____

Military

Please check if you were or are currently enlisted in the US military.

MEDIA EXPERIENCE

Are you willing to speak with:

- TV
- Radio
- Newspapers
- Magazines
- Online

Are you willing to speak at conferences or on youth panels?

- Yes
- No
- Will consider

Do you have experience speaking publicly (e.g., youth panel, conference) or to the media? If so, please list or provide a link.

Please list your local media outlets.

Radio: _____

TV: _____

Newspaper: _____

Recognition

Have you received any awards or recognition? Please list.

I affirm that the information provided is true to the best of my knowledge. I understand that by typing my name below it acts as my signature and gives authorization to contact any welfare professionals who have assisted my family. I affirm that I am over the age of 18. *If you are not 18, please have an adult provide a signature.*

Signature: _____ Date: _____

Consenting adult name: _____

Relationship to child: _____

SEND FORM TO:

TELL US ABOUT YOURSELF

Where were you born?

Who raised you?

How many siblings did/do you have?

When were you in foster care? (Please provide dates)

What are your hobbies or special interests?

Tell us about your adoption or foster care experience:

How has being in foster care shaped you as a person?

Tell us about your foster care or adoption experience.

How has foster care or adoption changed your life?

Why do you want to share your story?

What advice would you give to other young people in foster care?

What advice would you give to foster and adoptive parents?

What are you doing now (work, school, etc.)?

What are your plans and hopes for the future?
