

Diversity Speakers Bureau Sign-up Sheet



Information marked with an asterisk will be displayed on the web page.

Name*: _____
Street Address: _____
City*, State and Zip: _____
Phone Number*: _____ Email*: _____
Area of Knowledge: _____
Type of Experience* (check all that apply): <input type="checkbox"/> Traveled in that area <input type="checkbox"/> Lived in that area more than one year <input type="checkbox"/> Studied the culture formally <input type="checkbox"/> Speak the language <input type="checkbox"/> Originated from the culture
Program offered* (check all that apply): <input type="checkbox"/> Elementary school (K-8 grade) <input type="checkbox"/> Secondary school (9-12 grade) <input type="checkbox"/> Adult audience
AV Needs*: _____
Why do you feel that it is important to understand this culture?*
Additional information:

On behalf of the Cultural Competence Committee of the Great Lakes Center for Youth Development, thank you for volunteering to help youth increase their understanding of cultures different from their own.

Please fax this form to: 906-228-7712 (attn: Paul) or mail to: GLCYD, 307 S. Front, Marquette, MI 49855
If you have any questions, please call Paul Olson at 906-228-8919, ext. 29 or email polson@glcyd.org
(form created August 2006)