

## Expert Youth Speakers Bureau

If you are a youth/young adult who would like to speak at conferences, meetings, high schools, college classes, etc. please sign up for the Speakers Bureau.

**If you've lived it – you're an expert!!!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ Birth date: \_\_\_\_\_

What's Your Preferred Way to be Contacted (please circle one):

Phone

E-mail

Other \_\_\_\_\_

What's the best time to contact you (feel free to check more than one)?

Morning

Afternoon

Evening

Can we give your contact info to the person requesting an expert youth speaker so they can get in touch with you directly? Please check one:  Yes  No

*If not, someone will contact you with the details.*

Do you charge a speaker fee?  Yes  No If so, how much? \$ \_\_\_\_\_

Have you spoken to groups before?  Yes  No

If so, please provide the following info (attach additional pages if necessary):

Name of Presentation    Location    Audience (class, youth, teachers, parents, mixed)

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Please include 1 to 3 names of people who have heard you speak before.

Name	Phone Number	E-mail Address
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Name	Phone Number	E-mail Address
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Name	Phone Number	E-mail Address
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**OVER**

Please provide a brief paragraph about yourself (for example, hobbies, how you get around, if you have or had a job, go to high school or college, where you live, etc.)  
(Attach additional pages/resume, if necessary)

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Please check the following topics you are an "expert" in, or add your own:

- Transitioning from high school to work or college
- Attending a technical college or university (receiving disability services)
- Disclosing your disability to an employer
- Reasonable accommodations on the job
- Being a good self-advocate
- Participating in or leading your own IEP
- Meaningfully involve youth in policy decisions, committees, etc.
- Managing your own health care
- Personal experience with a youth activity (i.e. YLF, Gathering of Youth, KASA)
- Becoming a youth leader
- Moving out
- Other (Please specify) \_\_\_\_\_

If you have a sample presentation you have given (e.g. outline, PowerPoint), please attach as well.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to:**

**By Mail**  
CESA #2  
Attn: Caroline Leung  
448 E. High Street  
Milton, WI 53563  
  
**By Fax: 608-868-6891**

**By Email:**  
[cleung@cesa2.k12.wi.us](mailto:cleung@cesa2.k12.wi.us)  
  
**Send your application and letter of support in either of the following formats \*Word or \*PDF**