



# GLIDE SPEAKER APPLICATION FORM

|  |                     |                     |
|--|---------------------|---------------------|
| DATE   |                     |                     |
| NAME   |                     | DAY PHONE           |
| ADDRESS  |                     | EVENING PHONE       |
|  |                     | FAX                 |
| E-MAIL ADDRESS                                   |                     |                     |
| Best Time to Reach You?                          |                     | Discretion Needed:  |
| AGE  | GENDER              | RACE/ETHNICITY      |
| JOB/PROFESSION                                   |                     | SEXUAL ORIENTATION  |
| How did you hear about GLIDE?                    |                     | Languages Spoken    |
| When are you available for speaking engagements? |                     |                     |
| Evenings Only?                                   | Occasional Daytime? | Consistent Daytime? |

|   |                     |
|---|---------------------|
| REFERENCE (s)   | REFERENCE TELEPHONE |
| Why are you interested in becoming a GLIDE speaker?                         |                     |
| What strengths and abilities do you feel would make you a good speaker?     |                     |
| Please tell us about your experience with volunteering and public speaking? |                     |
| Are you interested in speaking to particular groups? If so, which and why?  |                     |
| Is there anything else you'd like to tell us about yourself?                |                     |

Thank you for your interest in GLIDE. You will be called several weeks before our next speaker training for an interview. Please submit this form to Glide via email, fax or mail.

GLIDE  
P.O. Box 931714  
Los Angeles, CA 90093

Telephone: 310.717.7749  
FAX: 323.851.0811  
glide.training@gmail.com