

OUTREACH AND CONSULTATION REQUEST FORM

Topic: _____

Date this request was made: _____

Name of contact person: _____

Position or Title: _____

Organization / group / class: _____

Phone number(s): _____

E-mail address: _____

Date(s) Requested: _____

◆ **2 weeks notice preferred to ensure request, not a guarantee.**

◆ **We will try to do what we can to accommodate**

Time to start: _____

Program requested: _____

Presenter Request:

CLAW(Certified Peer Educator): _____ Staff member: _____

◆ **Suggest a CLAW member first unless they have a strong preference.**

◆ **CLAW member availability also based on their own class schedule.**

How long does program need to be: _____

Expected number of participants: _____

Tentative location: _____

Other comments (e.g., special characteristics of audience, audio/visual needs, etc.):

◆ **Let requestor know someone will be in-touch with them in a few days.**

◆ **This time needed to see who may be available for this specific request.**

**** To be filled out by Senior Staff ****

Referred to: _____

Date Service Provided: _____

Contact Made by Service Provider: _____yes _____ no

Comments (dates, # times, etc.): _____

