

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
HIV/AIDS EDUCATION PROGRAM
1500 BISCAYNE BLVD., ROOM 316
TEL: (305) 995-7118 FAX: (305) 995-7122**

SPEAKERS' BUREAU APPLICATION

Date: _____

I. GENERAL INFORMATION

Name: _____

Agency Affiliation (if any): _____

Agency Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Language(s) Other than English: _____

Please attach a copy of any certificates of successful AIDS course completion, and a copy of your most recent resume or curriculum vitae.

II. PROGRAM DATA

A. Area(s) of Expertise (indicate years of experience for all that apply.)

Years of Experience

Elementary Students _____

Middle School Students _____

Senior High School Students _____

School-Age Youth Who Do Not Attend School _____

Parents/Adult/Community Members _____

Other specific populations (specify) _____

B. Availability

1. Dates (Circle) **MON TUE WED THURS FRI SAT SUN**

2. Times (specify) _____

III. ADDITIONAL INFORMATION/COMMENTS _____

