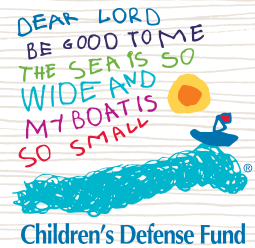


Your Truth Aloud! Organizer Application



Contact Information	
Name	
Street Address	
City, State, Zip Code	
Phone Number(s)	
Email Address	

School/ Organization Information	
Street Address	
City, State, Zip code	
Position (if organization)	
Year in School	
Course of Study	

How do you plan to gather videos?

- Existing campus/community events
- CDF Your Truth Aloud! campus/community events created by you/your organization
- Table at locations on campus/in the community
- Other: _____

Have you already filmed and uploaded your video?

- Yes No

Have you been involved in CDF programs or events in the past?

- Yes No

How many videos do you aim to collect? _____

What populations will you videotape?

Anything else you would like to share with us? Questions?

Mail, fax or email this form to the Children's Defense Fund using the information below.