****

**Voices of Change Program Application**

The purpose of Cleveland Rape Crisis Center’s Voices of Change program is to give survivors of rape and sexual abuse tools and resources to help them tell their stories safely and effectively to inspire change.

There are many ways in which you can contribute through the Voices of Change program, including quotes, stories, creative writing, artwork, media interviews and public speaking engagements. With your permission, your contributions could potentially be used in our marketing, fundraising materials, videos or other public pieces created to advance our mission.

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pronouns:** (optional – she/her, he/him, they/them, they/he, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Apt/Unit/Suite #:** \_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workshop Date and Informational Meeting

**Which workshop date do you wish to attend?**

* Saturday, March 25 in Cleveland (Cleveland Rape Crisis Center, 10450 Superior Ave, Cleveland)
* Saturday, April 1 in Ashtabula (location TBD)

**A brief informational meeting is required in advance of the workshop. We will reach out to you regarding a time. Which of the following options works best for you?**

* Virtual (Zoom)
* In-Person at Clark-Fulton Office (2937 West 25th Street, 2nd Floor, Cleveland)
* In-Person at Shaker Square Office (13209 Shaker Square, Cleveland)
* In-Person at Ashtabula Office (5021 State Rd, Ashtabula)

**Do you have any accommodation requests to be able to fully participate in the workshop or informational meeting? (i.e. interpreters, large print materials, wheelchair-accessible space, etc.?)**

Application

**1. How did you learn about the Voices of Change program?**

**2. Participants have many different reasons for wanting to join the Voices of Change program.**

**a. What are your hopes for yourself in joining the Voices of Change program?**

**b. Do you have any ideas at this time about what some of the main points are that you hope to convey to others from your experience?**

**3. Have you ever shared your experience publicly before? If you have, what did you like about that experience? What was challenging about it?**

**4. What concerns do you have about sharing your story publicly and how it may affect you?**

**5. We do everything we can to keep your information private; however, we cannot guarantee complete confidentiality for participants. There may be times when we may need to share certain identifying information such as your name, type of abuse, and your contact information with other CRCC staff, volunteers and event organizers. Do you have any concerns about that?**

**6. Are you currently or have you in the past two years been involved with CRCC in another capacity? (Please check all that apply.)**

* Received services
* Volunteer
* Staff
* Intern
* Youth 360 or other prevention program member
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Which types of opportunities are you interested in at this time?** (Please check all that apply. You can opt in or out at any time.)

* Writing and providing a short, written quote about how my experience at the Center helped me
* Contributing art that can be used to thank CRCC supporters
* Expressive artwork such as poetry, creative writing, collages, pictures (Tell us more)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Having my photo used in marketing materials for Cleveland Rape Crisis Center (could include website, social media, emails, newsletters, annual report, appeals to donors, etc.)
* Being interviewed for an article in a CRCC publication
* Participating in a video interview about how my experience at the Center helped me
* Being interviewed by the media for a news story (can be anonymous)
* Speaking at a CRCC staff meeting, board meeting, community awareness events, outreach events, volunteer trainings, conferences, support groups
* Making or writing thank-you cards for CRCC supporters
* Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return your completed application to Kim Haggerty at** [**kimh@clevelandrcc.org**](mailto:kimh@clevelandrcc.org) **or at any of Cleveland Rape Crisis Center’s locations. You may mail your application to:**  
Cleveland Rape Crisis Center ATTN: Kim Haggerty,  
2937 West 25th Street, 2nd Floor,  
Cleveland, OH 44113.

**Once your application is reviewed, we will contact you to set up a time for a brief informational meeting with the workshop facilitators.**

If you have questions, please email Kim at [kimh@clevelandrcc.org](mailto:kimh@clevelandrcc.org).