

Ontario Society (Coalition) of Senior Citizens' Organizations
SPEAKERS' BUREAU APPLICATION FORM

If you wish to become a speaker on OCSCO's Speakers' Bureau, please complete the following form:

Name _____ Tel # _____

Address _____ Fax # _____

E-mail _____ Connection with OCSCO _____

Main areas of expertise: 1. _____ 3. _____

2. _____ 4. _____

Experience relevant to the topic(s) listed above:

1. _____

2. _____

3. _____

4. _____

Experience as a public speaker Yes ___ No ___

Experience with seniors' services Yes ___ No ___

Details of these experiences _____

Relevant memberships to other seniors' organizations _____

Language(s) topics can be delivered in _____

Availability for speaking engagements: Daytime? Yes ___ No ___ Mornings? ___ Afternoons? ___

Evenings? Yes ___ No ___

Weekends? Yes ___ No ___

Do you drive? Yes ___ No ___ Would you be willing to drive to out of town engagements? Yes ___ No ___

Would you be willing to take public transportation to out-of-town engagements? Yes ___ No ___

Do you require assisted transportation? Yes ___ No ___

Will you regularly require equipment like overhead projector, flip charts, sound system or other equipment?

Please specify _____

Please return this form to:

OCSCO, 660 Briar Hill Avenue, Suite 207, Toronto, ON M6B 4B7 Tel: 416-785-8570,
1-800-265-0779, Fax: 416-785-7361, E-mail: OCSCO@web.net