COMMUNITY OUTREACH REQUEST FORM

Thank you for your interest in the United States Attorney's Office Public Affairs and Community Outreach (PACE) programs. Programs are available to most groups and are scheduled based on staff availability.

REQUESTERS INFORMATION

[single line of text]

Contact name:

Contact phone number:

Contact email:

Location street address:

City:

Zip code:

TYPE OF PROGRAM REQUESTED

Theme of presentation: [Drop down menu]

Bullying

Financial Abuse

Animal Abuse

Cyber Security for Students

Cyber Security for Parents

Dating Violence

The Role of a Prosecutor

Government Corruption

Human Trafficking

Hate Crimes

Discrimination (Racism, Sexism, Etc.)

The Consequences of Drugs & Alcohol

Other

Other: [Single line of text]

Presentation Language: [Drop down menu]

English

Spanish

Type of presentation: [Drop down menu]

Private group presentation

Public event

Expected number of attendees: [Single line of text]

Age of attendees: [Drop down menu]

Elementary School Ages 5 – 12

Middle School Ages 13 – 15

High School Ages 16 – 19

Teenagers Ages 12 – 19

Young Adults Ages 20 - 30

Parents Ages 30+

Elderly Ages 60+

Community Members Mixed Ages

Private Corporation Mixed Ages

Requested date and time of presentation: [Multiple lines of text]

Type of presentation requested: [Drop down menu]

In-person

Virtual (zoom)

If applicable, date and title of previous presentations: [Multiple lines of text]

Will the event / program be held indoors or outdoors? [Checkboxes]
Indoors

Outdoors

If outdoors, is there an indoor alternative for inclement weather? [Checkboxes]

Yes

No

PROGRAM LOGISTICS

If your program includes an in person presentation, PACE will bring a laptop, and a parking space will need to be provided.

Please check all audio and visual equipment available: [Checkboxes]

Projector

Television

Smart Screen

Microphone

Speaker

PLEASE CONFIRM THAT THE FOLLOWING IS AGREEABLE: [Checkboxes]

Please have program space ready and available 30 minutes before and 30 minutes after the presentation.

I agree to complete a program evaluation, provided by PACE, once the program is complete.

ADDITIONAL INFORMATION

Please provide any additional information you think will be helpful: [Multiple lines of text]

THANK YOU! WE LOOK FORWARD TO CONFIRMING YOUR REQUEST!

Submit [Radio Button]