

## Education Department Program Request Form

**Instructions: Complete and fax form to (215) 985-9111. You can also email your request to [ESC@woar.org](mailto:ESC@woar.org), or call (215) 985-3315, ext. 180 for more information.**

Today's Date: \_\_\_\_\_

Date of Program \_\_\_\_\_ Time of Program: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Exact Location: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact's Name and Title: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

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### **Select Program Content:**

\_\_\_ Adult Sexual Assault Awareness/Prevention

\_\_\_ Child/Teen/Youth Sexual Assault Prevention

\_\_\_ Male Sexual Violence

\_\_\_ Sexual Harassment (School Program)

\_\_\_ Bullying Prevention

\_\_\_ Healthy Relationships

\_\_\_ Protecting Your Congregation – A Training for Clergy

\_\_\_ Other:

\_\_\_ Domestic/Dating Violence

\_\_\_ Getting Help - About WOAR Services

\_\_\_ Sexual Harassment (Professional Program)

\_\_\_ Mandated Reporting

\_\_\_ Parenting Skills

\_\_\_ Conflict Resolution Skills

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### **Identify Audience/Program Participants**

\_\_\_ Pre-School (PS)

\_\_\_ School Program (K-5)

\_\_\_ School Program (6-8)

\_\_\_ School Program (9-12)

College/University

\_\_\_ Community Wide Event

\_\_\_ Community Organization Program

\_\_\_ Health Fair/Resource Table

\_\_\_ Professional/Staff Development

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**Completed by WOAR:**

**Assigned To:** \_\_\_\_\_ **Staff ID #:** \_\_\_\_\_