



P.O. Box 916, Fullerton, CA 92832 · (714) 992-1939 Ext. 100 · (714) 992-0525 Fax

www.wtlic.org

WTLC Presentation Request Form

School/Organization Name: _____

Address: _____

Contact Person Name: _____ Phone: _____

Email: _____

Request Date(s) of Presentation: _____ Preferred Time(s): _____

Number of people: _____ Audience age range: _____

Language: English Spanish

Technology Availability: WIFI Projector Laptop

Audience description: (can choose more than one)

- Counselors / Psychologists Teachers Interns
 Health Care Providers Parents Employees

Students (can choose more than one)

- Elementary Middle School High School College

Topics to present: (can choose more than one)

- Types of DV and Effects Teen Dating
 Child Abuse and Mandated Reporting Cyber Abuse/Bulling
 Human Trafficking Alcohol, Drugs and Dependency
 Safety Planning Trauma Informed Care
 Role of the Advocate Legal Advocacy
 Domestic Violence Referrals and Resources Other: _____

Please return request to Kiana Porter by email: kporter@wtlic.org

Honor ~ Empower ~ Restart