

Health Initiatives for Youth DIGITAL STORYTELLING WORKSHOP

Media Arts Department

Date of request: ____ / ____ / ____



Organization: _____

Contact person: _____ Title: _____

Phone: _____ Alternate phone: _____

Fax: _____ Email: _____

Address: _____ Room#: _____

City: _____ State: _____ Zip: _____

Workshop Information

Please keep in mind that this series is about 30 hours total when planning your date request. Contact us with any questions.

1st Choice: Dates Requested: ____/____ to : ____/____ Start time: _____ AM PM End Time: _____ AM PM

2nd Choice: Dates Requested: ____/____ to : ____/____ Start time: _____ AM PM End Time: _____ AM PM

Topic preference:

- Body image Healthy relationships Other _____

Participant Information and Demographics

Demographic information helps HIFY serve you better. Please check as many boxes as apply to the participants.

Age range: _____ Are participants peer educators? _____

Gender

- Women
 Men
 Transgender

Sexual orientation:

- Lesbian, Gay, Bisexual, Queer, Questioning
 Heterosexual/Straight
 Other

Race/ethnicity:

- African American/Black
 Native American
 White/European American
 Asian/ Pacific Islander
 South Asian/North African
 Latino
 Other

Class background:

- Poor/working class
 Middle class
 Wealthy

Do you have a Mac computer lab with Photoshop, iMovie, Internet and scanner or is your group willing to travel to HIFY by Montgomery BART?