



KITCHENER WATERLOO SEXUAL ASSAULT SUPPORT CENTRE
Resource Request Form

Contact Information

Please complete the following:

Contact Name	_____	Phone	_____
Organization	_____	Fax	_____
Address	_____	Email	_____
City	_____		
Postal Code	_____		

Please add me to your mailing list to receive future updates and public education offers

Brochures

Please indicate the number of brochures in each language:

<input type="checkbox"/> English	_____	<input type="checkbox"/> French	_____
<input type="checkbox"/> Spanish	_____	<input type="checkbox"/> Portugese	_____
<input type="checkbox"/> Serbo-Croatian	_____	<input type="checkbox"/> Vietnamese	_____

Bookmark Series

Please check and indicate the number of each bookmark:

<input type="checkbox"/> Date Rape Drugs	_____	<input type="checkbox"/> Childhood Sexual Abuse	_____
<input type="checkbox"/> Dating Violence	_____	<input type="checkbox"/> Self Injury	_____
<input type="checkbox"/> Sexual Harassment	_____	<input type="checkbox"/> Internet Safety	_____
<input type="checkbox"/> Child Sexual Abuse	_____		

Handouts - Topics of Interest

Please select topics from our list, or request additional topics:

<input type="checkbox"/> About Us/Our Services	<input type="checkbox"/> Anti-Oppression
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Child Sexual Abuse
<input type="checkbox"/> Date Rape/Date Rape Drugs	<input type="checkbox"/> Self Defense
<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Sexual Harassment/Stalking	<input type="checkbox"/> Vicarious Trauma
<input type="checkbox"/> Self Injury	<input type="checkbox"/> Posttraumatic Stress Disorder
<input type="checkbox"/> Sexual Assault Legal Options	<input type="checkbox"/> Ritual Abuse
<input type="checkbox"/> Homophobia/Queer Issues	<input type="checkbox"/> Talking to kids about sex
<input type="checkbox"/> Dissociative Identity Disorder	<input type="checkbox"/> Elder Abuse
<input type="checkbox"/> Internet Safety	<input type="checkbox"/> Safe Sex/STDs
<input type="checkbox"/> Emotional Abuse	
<input type="checkbox"/> Other (specify): _____	

PLEASE FAX TO 519-571-0522 OR EMAIL TO info@kwsasc.org

For Internal Use Only

Date Received	_____	Received By	_____
Assigned To	_____	Date Mailed	_____
Add to Mailing List	_____	Date Added	_____