



CATHOLIC DIOCESE
OF YOUNGSTOWN

Diocesan Speaker Request Form

Event Details

Event Title: _____

Date(s) of Event: _____

Location: _____

Audience: _____

Description of Event: _____

Sponsoring Agency Details

Coordinator: _____

Email: _____ Parish/School/Institution: _____

Address: _____ City/Zip: _____

Pastor/Diocesan Pastoral Associate/Principal/ Institution Director: _____

Supervisor's Name and signature are required in ensuring approval of coordinator submitting request.

Speaker Details

Name of Speaker: _____

Topic(s): _____

Address: _____ City/Zip: _____

From what Diocese, Religious Order or Parish: _____

Name of Superior or Pastor: _____

Attach Speaker's curriculum vitae or resume indicating qualifications, ministerial experience and contact information including website/social media sites.

Current Original Letter of Good Standing must be attached before submitting application and is for speaking engagement only. No scanned or photocopied accepted.

Presentation Details

Title: _____

Resources used: _____

Description of Presentation: _____

Signature of Person completing the form: _____ Date of Request _____

(Mail completed form to: Diocese of Youngstown Vicar General - 144 W. Wood Street, Youngstown OH 44503)

email: jzuraw@youngstowndiocese.org