



Speaker Volunteer Information

Name: _____ Title: _____

Career Field (s): _____

Business Name: _____

Address/City/Zip: _____

Phone Number: _____ Email: _____

Topics you could present in the classroom/workshop: Use back for additional topics:

Travel: Which high school(s) would you be willing to speak at? Please circle.

Note: travel expenses would be the responsibility of the volunteer

Aitkin Bertha- Hewitt Brainerd Browerville Crosby-Ironton Eagle Valley

Henning Isle Little Falls Long Prairie Menahga Onamia Pequot Lakes Pierz

Pillager Pine River/Backus Sebeka Staples-Motley Swanville Upsala Verndale

Wadena /Deer Creek

Thank you! We appreciate your support and need your help informing people about our program. Do you have any recommendations of organizations, businesses, or individuals who you think would be interested?

Business Name: _____

Contact: _____ Phone #: _____

Classroom topics: _____

Any concerns or comments: _____

Please return form

Fax: (218) 829-8199, or Email: jhughes@explorebrainerdlakes.com, or Mail: Bridges Workplace Connection | 124 N. 6th Street | Brainerd 56401