

MIAMI SOUTHRIDGE SENIOR HIGH SCHOOL GUEST SPEAKER / SPECIAL PRESENTATION REQUEST

Employee: _____ **Title/Department:** _____

SPEAKER/PRESENTER INFORMATION

Speaker/Presenter Name: _____

Organization: _____

MDCPS Employee or Volunteer #: _____

Topic of Presentation: _____

NOTE: The Jessica Lunsford Act requires that all speakers/presenters be registered as a MDCPS volunteer. They can register at www.engagemiamidade.net Clearance for Level 1 volunteers typically takes 3 days.

DATE OF PRESENTATION	TIME OF PRESENTATION	LOCATION OF PRESENTATION	TARGET AUDIENCE

After securing your Department Head's signature, this form is to be submitted to the Activities Office for signatures and final approval.

A signed copy of this form will be returned to you upon approval

DEPARTMENT HEAD SIGNATURE: _____

Employee/Volunteer # verified **Yes** **No**

ACTIVITIES DIRECTOR SIGNATURE: _____

ADMINISTRATOR SIGNATURE: _____