



OUTREACH CAMPAIGN AGREEMENT

American Friends Service Committee, Voices of Hope Productions and allied collaborators need your help to expand, educate and engage a wide base of supporters for public safety and restorative justice issues and policies. Your support in screening the film(s), providing outreach and audience surveys will help the reentry field to successfully gain further resources for reentry programming.

Please send me a DVD _____

CONTACT NAME: _____

ORGANIZATION _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

TYPE OF ORGANIZATION

Faith-Based Government Nonprofit (policy-based) Nonprofit (service-based) Educational Institution Other _____

OUTREACH PLAN AND REPORT

My film outreach plan is described below. I agree to submit a final OUTREACH REPORT with completed audience feedback surveys no more than 30 days after completion of my screening event activities.

Signed _____ Title _____

Date(s) of event(s) _____ How people anticipated? _____

Date OUTREACH REPORT will be submitted _____

Your OUTREACH REPORT will include how you promoted the event, how many people attended, what discussion ensued after watching the films, audience survey results and your comments, suggestions or feedback. Briefly describe how you plan to use the film(s), including your target audiences, type of event/venue, timeline, purpose, and the outcomes you hope to achieve.



**American Friends
Service Committee**
www.afsc.org



VOICES OF HOPE
Productions
www.voicesofhope.tv

Please check how you will use the film(s):

- Host a screening event or reentry workshop with clients, board members, partner organizations, friends, etc
- Hold a special retreat for ministerial staff or members of your congregation
- Host a screening and panel discussion for partners, elected officials, and other community stakeholders
- Host a community event, workshop, or panel discussion to stimulate discussion to inform and educate
- Conduct a workshop or keynote event at a professional association meeting and/or conference
- Present to college and university students, faculty or staff for discussion and criminal justice reform action planning
- Other _____

TYPE OF EVENT _____

VENUE _____

PURPOSE _____

EXPECTED OUTCOME _____

Please return this completed form to:

Voices of Hope Productions, PO Box 8225, Red Bank, NJ 07701
Or print, scan and email to voices@voicesofhope.tv and put
“Reentry Series Application” in the subject header.

*The Reentry Film Series was made possible through generous support from
the New Jersey Department of State/Office of Faith Based Initiatives.*