



Sullivan County's Dialogue2Change

www.everyday-democracy.org/dialogue-to-change/about

[Facebook.com/sullivandialoguetochange](https://www.facebook.com/sullivandialoguetochange)

Office of the Human Rights Commission: (845)807-0189

Yes, I'm interested!

I would like to participate in Dialogue2Change. I understand that I will need to attend all five meetings and, commit to following through on an action plan selected by the dialogue group.

All meetings will take place from 6:00 to 8:00 p.m.

Where would you like to participate? Please **number** first and second choices.

District 1 <input type="checkbox"/> <i>NACL, Highland</i> <i>(Fully accessible venue)</i> <i>Wednesdays</i> May 4 May 18 June 1 June 8 June 22	District 2 <input type="checkbox"/> <i>Forestburgh Firehouse</i> <i>(Fully accessible venue)</i> <i>Thursdays</i> May 5 May 19 June 2 June 16 June 30	District 3 <input type="checkbox"/> <i>Library, Livingston Manor</i> <i>Wednesdays</i> May 4 May 18 June 1 June 8 June 22	District 4 <input type="checkbox"/> <i>Mamakating Library, Wurtsboro</i> <i>(Fully accessible venue)</i> <i>Tuesdays</i> May 3 May 10 May 24 May 31 June 14	District 5 <input type="checkbox"/> <i>Hortonville Fire Dept.</i> <i>(Fully accessible venue)</i> <i>Tuesdays</i> May 3 May 17 May 31 June 7 June 21	District 6 <input type="checkbox"/> <i>C.A.C.H.E. Liberty</i> <i>Tuesdays</i> May 3 May 17 May 31 June 7 June 21	District 7 <input type="checkbox"/> <i>Youth&Sr. Ctr. Fallsburg</i> <i>(Fully accessible venue)</i> <i>Tuesdays</i> May 3 May 17 May 31 June 7 June 21	District 8 <input type="checkbox"/> <i>Crawford Library, Monticello</i> <i>(Fully accessible venue)</i> <i>Mondays</i> May 2 May 16 May 23 June 6 June 20	District 9 <input type="checkbox"/> <i>Ambulance Corps, Rock Hill</i> <i>Wednesdays</i> May 4 May 18 June 1 June 8 June 22
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Name _____ Phone _____

Address _____ Email _____

The following information is important because it will help us to make sure that each group has a diverse mix of participants:

Gender _____ Age _____

Racial/Ethnic Background _____

Employed? ____yes ____no

Type of employment _____

Please indicate with a check if you will need:

Transportation _____ Spanish to English Translation _____ Childcare _____

Send completed form by:	
Email.....	SullivanDialogue2Change@gmail.com
Mail or In Person...	Sullivan County Human Rights Commission SC Government Center 100 North Street Monticello, NY12701

YOU WILL BE CONTACTED TO CONFIRM YOUR PARTICIPATION