

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/11/2024

Name: Lauren Dill

Are you representing: Yourself Organization

Organization (If Applicable): N/A

Position/Title: _____

Address: 941 Highland Ave.

City: Galion State: OH Zip: 44833

Best Contact Telephone: 330-620-7288 Email: Lrdill1014@gmail.com

Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): HB 445

Specific Issue: Release for Religious Instruction

Are you testifying as a: Proponent Opponent Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

Will your testimony be written, spoken, or both? _____

Please provide a brief statement on your position: The bill does not establish clear parameters for the type of religious instruction or specify whether Non-christian religions would be included as well. It does not mandate background checks to protect students while in the care of religious instructors. Will the religious educators be required to have CPR training, epi-pens, defibrillators? What material could be harmful to students - i.e. anti-LGBTQ, politically motivated? Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.