



Safe Kids Sonoma County Membership Application

Yes! I would like to be a part of the Safe Kids Sonoma County coalition and pledge to fight unintentional childhood injury by participating in the coalition through community action, educational interventions, public policy initiatives, and media efforts.

NAME _____ DATE _____

TITLE _____

ORGANIZATION _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ PHONE (____) _____ FAX (____) _____

May we list your organization as a Safe Kids Sonoma County coalition member in local, state, and national literature? _____ Yes _____ No

Would you like your agency/organization website to be linked from the Safe Kids website? ___ Yes ___ No
If yes, please provide your website URL: _____

I am interested in supporting the coalition in the following areas (check all that apply):

- _____ Providing volunteers to help conduct coalition events.
- _____ Supporting coalition activities with donations of funding or in-kind goods and services.
- _____ Hosting or sponsoring a Safe Kids Sonoma County coalition event or program.
- _____ Printing or photocopying coalition materials.
- _____ Including Safe Kids Sonoma County coalition information in our publications.
- _____ Providing my materials for distribution through the coalition's activities.
- _____ Serving as a spokesperson for Safe Kids Sonoma County
- _____ Serving as a spokesperson focusing only on a particular risk area, such as _____
- _____ Participating in an action team for the coalition (see below) if such groups or committees have been established.
- _____ Organizing letter writing or phone calling campaigns to state and federal lawmakers in order to support a certain public policy effort.

Action Groups

- _____ Bicycle and Pedestrian safety
- _____ Child Passenger Safety
- _____ Home Safety and Falls Prevention
- _____ Water safety

Standing Committees

- _____ Public Policy/Advocacy
- _____ Fundraising
- _____ Media
- _____ Education
 - _____ Bicycle
 - _____ Child Passenger Safety
 - _____ Pedestrian
 - _____ Home Safety
 - _____ Membership/Hospitality

I understand that acceptance of this application by the coalition does not constitute permission to use the local or state Safe Kids coalition logo, name or materials without first receiving approval from the Safe Kids Sonoma County's lead agency, The County of Sonoma Department of Health Services. The lead organization for the coalition will not authorize, and will not permit any member of the coalition to authorize any person or organization to use the name and trademarks to promote its products or services for endorsement or other commercial purpose.

SIGNATURE _____ Date _____