



## THE HERB GREENBERG HELMET BANK APPLICATION

Date: \_\_\_\_\_

Program/Organization: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Date: \_\_\_\_\_ \*Please note, at least 15 days is needed to fulfill requests. Last minute requests may not be accommodated.

Please describe your bicycle safety project or event. You may include additional sheets or attachments.

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In addition to the description above, please answer the following questions:

- How many helmets do you need and what is the age range reached at this event? Are there any unusually small or large heads in group? \_\_\_\_\_
- Who of your staff or volunteers is trained to properly fit helmets? \_\_\_\_\_
- Do your staff or volunteers need free training to properly fit helmets and deliver bike safety messages to children? Yes \_\_\_ No \_\_\_
- Would you like a supply of free English/Spanish bicycle safety brochures? Yes \_\_\_ No \_\_\_
- Is this a new bicycle safety program? Yes \_\_\_ No \_\_\_
- An \$7.50 donation for is requested for each helmet given out. Can you accommodate this? Yes \_\_\_ No \_\_\_

**Please send the completed application to:**

Safe Kids Sonoma County/ ATTN: Karli Tedeschi  
1165 Montgomery Drive  
Trauma Services, Mailstop: 1A01  
Santa Rosa, CA 95405  
PHONE (707) 525-5300 x3264 | FAX (707) 547-4609  
karli.tedeschi@stjoe.org