2013 Safe Kids Fayette County Membership Application

Yes! I would like to be a part of Safe Kids Fayette County (SKFC) and pledge to eliminate 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 name/organization as a Safe Kids Fayette County 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):

☐ Volunteering (or providing volunteers from my organization) for coalition events.
☐ Supporting coalition activities with donations of funding or in-kind goods and services.
☐ Hosting or sponsoring a Safe Kids Fayette County coalition event or program.
☐ Including Safe Kids Fayette County coalition information in our publications.
☐ Serving as a spokesperson for Safe Kids focusing on a particular risk area(s): __________________________

☐ Participating in an Injury Risk Area Action Team for the coalition:
  ☐ Bicycle and Pedestrian ☐ Child Passenger Safety ☐ Equestrian Safety ☐ Fire/ Burn Prevention
  ☐ Falls Prevention ☐ Home Safety ☐ Sports Safety ☐ Water Safety

☐ Serving as a member of a coalition Standing Committee:
  ☐ Child Passenger Safety ☐ Community Education ☐ Fundraising
  ☐ Membership/Volunteerism ☐ Public Policy/Research ☐ Public Relations/ Marketing

I understand that acceptance of this application by the coalition does not constitute permission to use the Safe Kids Fayette County logo, name or materials without first receiving approval from the Safe Kids Fayette County’s lead agency (The Kentucky Children’s Hospital). The lead agency 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 __________________________}

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