



Coalition Membership

On line registration

Coalition Organization:

Representative:

Alternate Rep(s):

(Complete a form)

Title or Occupation:

Work address:

City:

Zip:

Email address:

Work Phone:

Cell Phone:

Areas of Interests and Specialization

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Passenger Safety | <input type="checkbox"/> Chair: Focus Area Community | <input type="checkbox"/> Public Health & Safety |
| <input type="checkbox"/> CPS Tech <input type="checkbox"/> Instructor | <input type="checkbox"/> Events Administrative | <input type="checkbox"/> Public Safety - LEO |
| <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Research/Data | <input type="checkbox"/> Sponsorships - In Kind |
| <input type="checkbox"/> Home Safety | <input type="checkbox"/> Strategic Plan | <input type="checkbox"/> Sponsorships - Financial |
| <input type="checkbox"/> Safe Sleep | <input type="checkbox"/> Marketing & Communication | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Pedestrian Safety | <input type="checkbox"/> Creative/Crafts/Building | |
| <input type="checkbox"/> Bicycle & Wheeled Sports Safety | <input type="checkbox"/> Logistics | |
- Water Safety

Level of Commitment

- | | |
|--|--|
| <input type="checkbox"/> Put monthly meetings on my calendar | <input type="checkbox"/> Monthly meetings 3 rd Wed 1:30 – 3:00 pm |
| <input type="checkbox"/> Commit to attending monthly meeting | <input type="checkbox"/> Send a representative if I am unable to attend |
| <input type="checkbox"/> Promotion of Safe Kids Campaigns | <input type="checkbox"/> Keep my organization informed of campaigns |
| <input type="checkbox"/> Participate in Safe Kids Community Events | <input type="checkbox"/> Set up and work a table display at Community Event |

I will represent myself as a community member on the Safe Kids Seminole County Coalition

OR

I attest that _____ has been authorized to represent
as its representative on the Safe Kids Seminole County Coalition.

Type or sign your name:

Date:

Save As: Your Name

Email saved copy to: nnorman@seminolesheriff.org