



THE HERB GREENBERG HELMET BANK APPLICATION

Program/Organization: _____

Your Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe your bicycle safety project or event. (If event, indicate date and who you intend to reach). You may include additional sheets or attachments.

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

- 1) How many helmets do you need? _____
- 2) Who of your staff or volunteers is trained to properly fit helmets? _____

- 3) Do your staff or volunteers need free training to properly fit helmets and deliver bike safety messages to children? Yes ____ No ____
- 4) Would you like a supply of free English/Spanish bicycle safety brochures? ____ Yes ____ No
- 5) Is this a new bicycle safety program? Yes ____ No ____

Please send the completed application to:

Safe Kids Sonoma County
475 Aviation Blvd., Suite 210
Santa Rosa, CA 95403
(707) 565-6678; FAX (707) 565-6619