

SAFE KIDS Related Events During the Month of _____ 20__

DATE	EVENT/PROJECT	NAME/VOLUNTEER	HOURS	ITEMS CHECKED/GIVEN OUT

Additional Comments:

*Please note on this form any items given out, as well as to whom the item belonged (Ex: car seat from SAFE KIDS; bike helmet given out from St Johns Trauma). We need this info for annual state reporting and Coalition tracking purposes. THANK YOU!