



Seatbelts Are For Everyone

STUDENT BOARD

APPLICATION

WHO

Students who attend a Kansas high school and are part of their school's SAFE program

WHY

Leadership Development

Traffic Safety Initiatives

Teen Conference

FUN!

ELIGIBILITY

No traffic safety citations within the last year

No use of illegal drugs or alcohol

Commitment to implementing SAFE initiatives

Participate in SAFE Student Board meetings

*dates to be determined based on student availability

REQUIREMENTS

- Application
 - Respond to all questions
- 1 reference letter
- Photo
- Commitment to Participate Form
- Parent Consent Form

CONTACT

With questions

safeks@dccca.org



KANSAS Traffic Safety Resource OFFICE



Application

Name: _____

Birthday: _____ Grade: _____

High School: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Personal E-mail Address: _____ Phone Number: _____

Please include responses to the questions below as an attached document.

- 1) Why is traffic safety an important issue to you?
- 2) Why are you interested in serving on the SAFE Student Board?
- 3) What traffic safety issues do you see in your community and what campaigns, or messages would you like the Student Board to develop and share to address these matters?
- 4) What messages or activities have you been a part of through your local SAFE program that have dealt with a traffic safety issue you felt needed to be addressed? Do you think the message was effective? Why or why not?

In addition to answering the above questions, please submit a reference letter from an adult at your school or community AND submit a photo of yourself

Commitment to Participate

I understand that if I am selected as a member of the SAFE Student Board, I will be an active participant in meetings and share ideas with my local SAFE team. I understand that respecting all members of the Board is required and I will work collaboratively to identify new ways to address traffic safety issues. As a member of the SAFE Student Board, I am committed to being a positive influence on my peers and community as well as always remaining a SAFE driver and passenger.

Applicant Signature: _____ Date: _____

Parent or Guardian Contact Information

Name: _____

E-mail Address: _____

Phone Number: _____

Parent or Legal Guardian Consent Form

Participation Release

I understand the requirements for my child to participate in the SAFE Student Board and agree to allow my child to participate in related activities if they are selected to serve on the board.

Student's Name: _____

Parent's or Guardian's Name: _____

Parent's or Guardian's Signature: _____

Date: _____

Media Release

I authorize DCCCA and its employees, agents, and representatives who are acting on behalf of DCCCA to use my likeness and/or name in any written content, photograph, image, video, audio, or digital recordings for purposes related to marketing and social media to further promote the agency. I understand and agree that I will receive no financial compensation for the use of my likeness. I understand and agree that these materials will become the sole property of DCCCA and authorize DCCCA to publish my likeness at any time by means of any media, digital delivery, or publication.

I waive any right of privacy associated with the likeness as well as the right to inspect or approve the finished product, including written or electronic copy where my likeness appears.

Student's Name: _____

Parent's or Guardian's Name: _____

Parent's or Guardian's Signature: _____