Description

The SAFE Student Board is comprised of student representatives that attend a Kansas high school and are part of their SAFE program. Membership on the SAFE Student Board will provide opportunities for young people to gain skills related to leadership development, traffic safety initiatives and campaign communication, including but not limited to seatbelt use initiatives, distracted driving, underage drinking and driving, Fake ID issues and other timely traffic safety issues. Participants are selected by Kansas Traffic Safety Resource Office staff to represent their high school based on information provided in the application and a reference letter from at least one adult from their school or community.

SAFE Student Board members will have the opportunity to plan, attend and present at the annual Kansas Teen Transportation Safety Conference. Students will partner with likeminded young people and be responsible for developing and implementing special projects and campaigns promoting traffic safety in their schools, communities and across Kansas.

Meetings and event dates for the 2023-24 school year will be decided on and communicated at a future date.

To be eligible to apply, participants must:

- Not use illegal drugs or alcohol or be cited for any traffic safety offense in the last year
- Participate in at least 75 percent of SAFE Student Board meetings
- Commit to implementing SAFE campaigns at their high school
Student Board

Application

Name: ________________________________________________

Birthday: ________________ Current Grade: ________________

High School: ____________________________

Home Address: _________________________________________________________

City: ________________ State: ______ Zip Code: _____________

Home E-mail Address: ____________________________ Phone Number: ____________

Please include responses to below questions 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: ______________________________________

For questions or to submit your application, contact Johnny Lang

785.639.2513

jlang@decca.org
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: ________________________________