



California Chapter 4

Injury Prevention Program

Application for Membership

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Website (if applicable)** \_\_\_\_\_

**Name and Title**

**of Contact Person:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Tell us about your organization:**

1. **Is your organization a for-profit or a non-profit organization?**

- For Profit, provides a product     For Profit, provides a service  
 Non Profit     Government agency

2. **Is your organization a member of the California Chapter 4, American Academy of Pediatrics' Injury Prevention Collaborative?**

- Yes     No

3. **What is your target population? (Check all that applies)**

- 0-5 years     6 – 18 years     Parents

4. **What county/counties does your organization serve? (Check all that applies)**

- Orange     Riverside     San Diego     Los Angeles

5. **What demographic areas in Orange County does your organization serve? (Check all that applies)**

- North County     Central County     South County

6. **What language capabilities does your organization have? (check all that applies)**

- English     Spanish     Vietnamese

Other, please list \_\_\_\_\_

7. **Does your organization address intentional or unintentional injuries?**

- Intentional     Unintentional     Both

8. **What Unintentional injury prevention areas does your organization provide services? (Please choose only one for this application, you will be given the opportunity to complete additional applications for more areas at the end of this application)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Burns                     | <input type="checkbox"/> Falls             | <input type="checkbox"/> Residential Fire        |
| <input type="checkbox"/> Child Passenger Safety    | <input type="checkbox"/> Helmet Safety     | <input type="checkbox"/> Sports Injuries         |
| <input type="checkbox"/> Daycare/Playground Safety | <input type="checkbox"/> Home Safety       | <input type="checkbox"/> Unintentional Firearm   |
| <input type="checkbox"/> Drowning                  | <input type="checkbox"/> Pedestrian Safety | <input type="checkbox"/> Other: (please specify) |
| <input type="checkbox"/> Environmental Safety      | <input type="checkbox"/> Poison            | _____  |

9. **What Intentional injury prevention areas does your organization provide services? (Please choose only one for this application, you will be given the opportunity to complete additional applications for more areas at the end of this application)**

- Child Abuse
- Domestic Violence
- Firearms
- Violence: (please specify) \_\_\_\_\_
- Other: (please specify) \_\_\_\_\_

10. **Please provide a description of the type(s) of injury prevention services your organization provides pertaining to the injury area in questions 8 or 9.**

- Educational \_\_\_\_\_  
\_\_\_\_\_
- Materials \_\_\_\_\_  
\_\_\_\_\_
- Training (ie: hands on, classroom training) \_\_\_\_\_  
\_\_\_\_\_
- Direct Services \_\_\_\_\_  
\_\_\_\_\_

11. **Please list any certifications your organization or employees have if it pertains to the injury area checked in question 8 or 9:**

\_\_\_\_\_

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12. **Does your program follow the American Academy of Pediatrics' Policies? (Policy Statements regarding intentional and unintentional injuries can be viewed at [www.aap.org](http://www.aap.org))**

Yes                                       No                                       Other

If other, please explain: \_\_\_\_\_

13. **Would you like to nominate an organization not currently a member of the Injury Prevention Collaborative or SAFE KIDS?**

**If Yes, please provide a name, phone number of the organization and a contact name:** \_\_\_\_\_

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14. Please provide a brief (120 word maximum) description of the program you checked in question 8 or 9. If the contact person for this program is different from the contact name at the top of the application, please list the name, phone number, and email.