



## Safe to Sleep Champions Webinar Training Registration Form

Please enter your responses into the spaces provided. Once completed, please print and submit the form via mail, e-mail, or fax. Note that you will not be able to save any changes to the file.

### Contact Information

Name:

Street Address:

City, State, ZIP Code:

Phone Number:

E-mail Address:

### Personal Information

**Please check your ethnic background.**

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Intentionally withheld

**Please check the racial category that best describes your racial background.**

- African American/Black
- Caucasian/White
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Intentionally withheld

**Please check the highest level of education you have completed as of December 2012.**

- Did not graduate high school
- Completed high school
- Some college/technical training/associate's degree
- Completed college
- Graduate degree (master's or higher)

**In what way(s) are you connected to an infant or child? Check all that apply.**

- Parent or expecting parent
- Relative (e.g., grandparent, aunt/uncle, cousin, godparent)
- Child care provider, teacher, or other type of child educator
- Pediatrician or other type of children's health care provider
- Family, women, and/or other children's services professional
- Parent or other family member of a child lost to SIDS or other sleep-related death
- I am not connected to an infant or child.

## Media Outreach

**Please check the areas of media outreach with which you have prior experience. Check all that apply.**

- Public speaking
- Television interviews
- Radio interviews
- Social media (e.g., Twitter, Facebook, or blogging)
- Writing for print media
- Media relations
- I have no prior experience conducting media outreach.

## Community Involvement

**Please check the areas of community involvement in which you participate or with which you have prior experience. Check all that apply.**

- Participation at a town hall meeting, neighborhood meeting, PTA, or school board meeting
- Participation in a community health fair, run/walk, blood drive, or charity event
- Participation as an active member of a church, synagogue, mosque, or other house of worship
- Member of a service or volunteer organization, such as the Red Cross or United Way
- Member of a social organization with a focus on the community, such as a fraternity/sorority
- Community volunteer, such as for a park clean-up project, voter polling station, little league team
- Public servant (e.g., police officer, fire fighter, EMS, member of the military, government employee)
- I have no prior experience with community involvement.
- Other: \_\_\_\_\_

## Brief Response

**Why are you interested in becoming a Safe to Sleep Champion?**

### Webinar Training Registration

**Please select the webinar training in which you will participate. Please only select one.**

- Tuesday, February 26, at 12 p.m. Eastern/ 11 a.m. Central/ 10 a.m. Mountain/ 9 a.m. Pacific
- Tuesday, March 5, at 3 p.m. Eastern/ 2 p.m. Central/ 1 p.m. Mountain/ 12 p.m. Pacific
- Thursday, March 14, at 8 p.m. Eastern/ 7 p.m. Central/ 6 p.m. Mountain/ 5 p.m. Pacific

Once you have submitted your registration form we will provide you with the instructions for joining the webinar.

### Agreement and Signature

**By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.**

Name (printed):

Signature:

Date:

### Our Policy

**It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.**

**Thank you for completing this application form and for your interest in volunteering with us!**

Applications should be sent to Morgan Marshall at IQ Solutions. For e-mail and fax submissions, please include "Safe to Sleep Champions Application" in the subject line.

**Mail:**

Safe to Sleep Champions Initiative  
Attn: Morgan Marshall  
IQ Solutions  
11300 Rockville Pike, Suite 901  
Rockville, MD 20852

**E-mail:**

[safetosleep@iqsolutions.com](mailto:safetosleep@iqsolutions.com)

**Fax:**

301-984-1473

Should you have any questions related to the Safe to Sleep Champions Initiative, registration form, or training details, please contact Morgan Marshall at 240-221-4231 or [safetosleep@iqsolutions.com](mailto:safetosleep@iqsolutions.com).