

SAFE KIDS BUCKLE UP®



Senior Instructor Profile

For certified CPS Instructors who meet SKBU Senior Instructor (formerly SKBU Lead Instructor) criteria. This grant application is also available online, on the Coalition Extranet accessible through www.safekids.org.

Contact Information

Applicant name: _____

Organization: _____

Street address: _____
[No PO boxes, please]

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Senior Instructor Criteria

To become a SAFE KIDS BUCKLE UP Senior Instructor, you must meet ALL of the first six (6) requirements and at least two (2) of the electives. Applicants without the consent of a SAFE KIDS coalition coordinator will not be approved. Applicants with all necessary qualifications will be sent a SKBU Senior Instructor Eligibility Quiz. Only those who pass the Eligibility Quiz will become SKBU-approved Senior Instructors.

REQUIREMENTS	
Affiliation with a SAFE KIDS coalition	Coalition: State: Coordinator:
A minimum of two (2) years of CPS Instructor certification	Original certification date: ___/___/___
Current CPS Instructor status	Instructor certification number: _____ Current expiration date: ___/___/___
Participated in at least four (4) SAFE KIDS BUCKLE UP events in the past two (2) years	(1)Date: ___/___/___ (3)Date: ___/___/___ (2)Date: ___/___/___ (4)Date: ___/___/___
Checked a minimum of seventy-five (75) seats in the last two (2) years	Number of seats checked:

Attended a minimum of six (6) hours of update-refresher classes in the last two (2) years	(1)Class date: ___/___/___ Hours: _____
	(2)Class date: ___/___/___ Hours: _____

ELECTIVES	Yes	No
Taught other CPS awareness classes, parenting classes or NHTSA short classes		
Attended a national or state CPS conference		
Subscribes to SAFE RIDE News		
Served as a lead instructor for the NSCPSTP in the past two (2) years		
Current SAFE KIDS BUCKLE UP Senior Checker		

Coalition Coordinator Signature

[Application will not be processed without the coalition coordinator’s signature]

On behalf of the _____ SAFE KIDS Coalition, I certify that the information contained on this application is accurate and that the applicant has demonstrated the skills and qualifications needed to become a SAFE KIDS BUCKLE UP Senior Instructor.

Print coalition coordinator name: _____ Phone number: _____

Signature: _____ Date: _____
 (Coalition Coordinator)