

## Community Pedestrian and Bicycle Safety Training (CPBST) Intake Form

Please complete and submit this form to Caro Jauregui, Senior Manager of Policy & Programs at [Caro@CaliforniaWalks.org](mailto:Caro@CaliforniaWalks.org). Complete this form online at <https://tinyurl.com/CPBSTIntakeForm> Questions? Contact Caro Jauregui at 323.605.5220.

**During the next few months California Walks and UC Berkeley SafeTREC will provide the following:**

- Coordinate and schedule two (2) Planning Committee calls and one (1) site visit;
- Develop and finalize the outreach flyer, facilitator agenda, participant agenda, PowerPoint presentation and walk/bike audit routes used during the actual training;
- Assist with outreach to local and state agencies as necessary;
- Coordinate translation and interpretation of materials, if necessary;
- Print and compile participant packets which include walk/bike audit route maps, collision data and training evaluation;
- Set-up, clean-up, manage registration table and participant check-in during actual training;
- Facilitate entire training, including the presentation of best practices, lead walk/bike audit, facilitate small group discussions; and
- Write a final report that includes a training summary, walk/bike audit reflections, community priorities, report backs from small group discussions and next steps.

**By submitting this form, you agree to assemble and participate in a Local Planning Committee, responsible for the following during the next few months:**

- Participate in two (2) planning calls and one (1) site visit to help refine and tailor curriculum: we want to get a better sense of the local issues of concern, past and current efforts, challenges, and successes;
- Identify and recruit key stakeholders and community residents to participate in the training;
- Conduct outreach to ensure mutually agreed upon minimum attendance is achieved; and
- Guide California Walks and SafeTREC in the selection of childcare providers, interpreters, venue location and food selection.

### Section 1: Basic Information

Host Community

Your Name

Your Organization

Email

Phone

How did you hear about the Community Pedestrian and Bicycle Safety Training (CPBST) program?

☐ Cal Walks website

☐ Colleague/Word of Mouth

☐ Email

☐ SafeTREC Website

☐ Other: \_\_\_\_\_

### Section 2: Workshop Goals

What are your community's main goals for improving pedestrian and bicycle safety?

What is/are your main goal(s) for participating in a Community Pedestrian and Bicycle Safety Training?

### Section 3: Community Information

Which of the following are in place in your community? *(Please check all that apply.)*

☐ Pedestrian Advisory Committee

☐ General Plan which addresses multi-modal safety

☐ Bicycle Advisory Committee

☐ Pedestrian Safety Master Plan

☐ Pedestrian Safety Coalition or Collaborative

☐ Bicycle Safety Master Plan

☐ Bicycle Safety Coalition or Collaborative

☐ Safe Routes to School Plan

☐ Complete Streets Policy or Complete Streets Resolution

☐ Safe Routes to School Coalition or Collaborative

☐ Other: \_\_\_\_\_

<b>For community-based organizations:</b> Have you worked with your local government agencies on pedestrian and/or bicycle safety issues before? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, briefly describe:</i>  <i>If yes, provide contact information (name, email, phone):</i>
<b>For government agencies:</b> Have you worked with your local community-based organizations on pedestrian and/or bicycle safety issues before? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, briefly describe:</i>  <i>If yes, provide contact information (name, email, phone):</i>
<b>Section 4: CPBST Workshop Planning</b>	
We provide <b>interpretation services</b> at our trainings, if needed. Do you anticipate needing interpretation services at the workshop? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, what languages:</i>  <i>If you know of or have used any local translation/interpretation services, please provide contact information (name, email, phone):</i>
We try to provide <b>childcare services</b> at our trainings, if needed. Have you worked with or know of any providers? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please provide contact information (name, email, phone):</i>
Do you know of any free or low-cost community spaces we might use for the training? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please list:</i>
During which months would you be able to host a CPBST workshop? <i>(check all that apply)</i> <input type="checkbox"/> January/February <input type="checkbox"/> March/April <input type="checkbox"/> May/June/July <input type="checkbox"/> August/September	
Which stakeholders would you like to see participate in the Planning Committee for the CPBST? <i>(check all that apply)</i> For each workshop, we convene a Planning Committee, a core group of 5-10 residents, community-based organization representatives, and/or government agency staff. This group assists in planning the CPBST, tailoring the scope of the curriculum, and commits to follow through on the action plan developed during the training. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Planning Department  <input type="checkbox"/> Public Health Department  <input type="checkbox"/> Public Works Department  <input type="checkbox"/> Other City and County Staff  <input type="checkbox"/> Local pedestrian and/or bike organization </div> <div style="width: 50%;"> <input type="checkbox"/> Community Member/Advocate (e.g. youth, seniors)  <input type="checkbox"/> Law Enforcement  <input type="checkbox"/> Affordable Housing Advocates  <input type="checkbox"/> State Agency  <input type="checkbox"/> Other: _____ </div> </div> If you would like to suggest a Planning Committee Member, provide contact information (name, email, phone) below:	