



Community Pedestrian and Bicycle Safety Training (CPBST) Intake Form

Please complete and submit this form to Miha Tomuta, Community Programs Manager at miha@CaliforniaWalks.org.
Questions? Contact Miha Tomuta at (714) 742-0741.

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?	
<input type="checkbox"/> Cal Walks website	<input type="checkbox"/> Colleague/Word of Mouth
<input type="checkbox"/> SafeTREC Website	<input type="checkbox"/> Email
<input type="checkbox"/> 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.)*

<input type="checkbox"/> Pedestrian Advisory Committee	<input type="checkbox"/> General Plan which addresses multi-modal safety
<input type="checkbox"/> Bicycle Advisory Committee	<input type="checkbox"/> Pedestrian Safety Master Plan
<input type="checkbox"/> Pedestrian Safety Coalition or Collaborative	<input type="checkbox"/> Bicycle Safety Master Plan
<input type="checkbox"/> Bicycle Safety Coalition or Collaborative	<input type="checkbox"/> Safe Routes to School Plan
<input type="checkbox"/> Complete Streets Policy or Complete Streets Resolution	<input type="checkbox"/> Safe Routes to School Coalition or Collaborative
	<input type="checkbox"/> Other: _____

<p>For community-based organizations: Have you worked with your local government agencies on pedestrian and/or bicycle safety issues before? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><i>If yes, briefly describe:</i></p> <hr/> <p><i>If yes, provide contact information (name, email, phone):</i></p>										
<p>For government agencies: 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</p>	<p><i>If yes, briefly describe:</i></p> <hr/> <p><i>If yes, provide contact information (name, email, phone):</i></p>										
<p>Section 4: CPBST Workshop Planning</p>											
<p>We provide interpretation services at our trainings, if needed. Do you anticipate needing interpretation services at the workshop? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><i>If yes, what languages:</i></p> <hr/> <p><i>If you know of or have used any local translation/interpretation services, please provide contact information (name, email, phone).</i></p>										
<p>We try to provide childcare services at our trainings, if needed. Have you worked with or know of any providers? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><i>If yes, please provide contact information (name, email, phone).</i></p>										
<p>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</p>	<p><i>If yes, please list:</i></p>										
<p>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</p>											
<p>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.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Planning Department</td> <td><input type="checkbox"/> Community Member/Advocate (e.g. youth, seniors)</td> </tr> <tr> <td><input type="checkbox"/> Public Health Department</td> <td><input type="checkbox"/> Law Enforcement</td> </tr> <tr> <td><input type="checkbox"/> Public Works Department</td> <td><input type="checkbox"/> Affordable Housing Advocates</td> </tr> <tr> <td><input type="checkbox"/> Other City and County Staff</td> <td><input type="checkbox"/> State Agency</td> </tr> <tr> <td><input type="checkbox"/> Local pedestrian and/or bike organization</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p>If you would like to suggest a Planning Committee Member, provide contact information (name, email, phone) below:</p>		<input type="checkbox"/> Planning Department	<input type="checkbox"/> Community Member/Advocate (e.g. youth, seniors)	<input type="checkbox"/> Public Health Department	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Public Works Department	<input type="checkbox"/> Affordable Housing Advocates	<input type="checkbox"/> Other City and County Staff	<input type="checkbox"/> State Agency	<input type="checkbox"/> Local pedestrian and/or bike organization	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Planning Department	<input type="checkbox"/> Community Member/Advocate (e.g. youth, seniors)										
<input type="checkbox"/> Public Health Department	<input type="checkbox"/> Law Enforcement										
<input type="checkbox"/> Public Works Department	<input type="checkbox"/> Affordable Housing Advocates										
<input type="checkbox"/> Other City and County Staff	<input type="checkbox"/> State Agency										
<input type="checkbox"/> Local pedestrian and/or bike organization	<input type="checkbox"/> Other: _____										