

*The Junglemobile program is designed to promote partnerships between Local EMS, hospitals and Kiwanis clubs to help educate rural communities on how to prevent childhood injuries.*

**REQUIREMENTS & AGREEMENT FOR VEHICLE USE BY COMMUNITY:**

1. Determine Junglemobile Availability: Call the Junglemobile Coordinator first re: event date
2. Submit All Required Event Forms to Coordinator (available at [www.junglemobile.com](http://www.junglemobile.com)):
  - Submit this form & 3 letters of support with original signatures
  - Letters of Support: submit a support letter signed by a representative from each collaborating agency: local hospital, EMS Agency and Kiwanis Club President (or local equivalent of each), including their specific event contribution. **Support must include supplying lodging and/or food for the driver, volunteers, transportation, refreshments, and/or safety gear - bike helmets, car seats, etc for distribution at the event**
  - **Forms must be submitted together and received by the Coordinator at least 6 weeks prior to the anticipated event date before the vehicle can be reserved**
3. Agree to follow the provided injury prevention curriculums & support data collection at your event for program evaluation.
4. Provide each of the following:
  - Coordination of entire event, including marketing and promotion to include The Children's Hospital and St. Anthony Central Hospital name and/or logo
  - Lodging & meals for Junglemobile Driver(s) for the length of time in your community for the event
  - Supply a minimum of 15 event volunteers, secured in advance of your event
  - Submit a completed event evaluation and publicized stories and pictures of your event to the Junglemobile Coordinator

**EVENT COORDINATOR CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Pager or Cell Number: \_\_\_\_\_

**EVENT INFORMATION:**

Today's Date: \_\_\_\_\_  
Requested event date: \_\_\_\_\_  
Start and finish time: \_\_\_\_\_  
Is this event for a school or the community: \_\_\_\_\_  
Brief Description of Event: \_\_\_\_\_  
Expected number of children and their age range: \_\_\_\_\_  
Number of volunteers you are going to have to run the learning stations and the overall event: \_\_\_\_\_  
Complete name and address of the event location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PROVIDING SUPPORT:** All signatures below must be authentic and legible; an accompanying letter of support is also required from each specifying their event contribution.

_____ KIWANIS CLUB NAME	_____ EMS AGENCY NAME	_____ HOSPITAL NAME
_____ President	_____ Contact Name	_____ Contact Name
_____ Address	_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip	_____ City, State, Zip
_____ Phone	_____ Phone	_____ Phone
_____ Email	_____ Email	_____ Email
_____ Signature	_____ Signature	_____ Signature

**JUNGLEMOBILE PROGRAM COORDINATOR:**

Bethany McDowell  
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