

Bethel Safety Associates Community Partner Interest Survey

Please send to
Bethel Safety Associates, 2975 State Route 55, White Lake, NY 12786.
Email to bethelsafety@yahoo.com, or fax to (845) 468-5428.

ORGANIZATION

Name of Organization:

Name of Contact Person:

Title (if applicable):

Phone:

Email:

Description of organization (i.e. local chapter/branch of national organization or organizational purpose/goals):

FACILITY

Name of Facility:

Location (Include City, State, Zip):

Name/Number of classroom:

Size (SF) _____ or Posted Occupancy _____

Room Location: ___ Ground Fl ___ 2nd Fl ___ Other Wheelchair accessible Y / N

Restrooms: ___ Male ___ Female ___ Unisex Wheelchair accessible Y / N

Kitchen/Eating area:

CLASSES

Please indicate which classes your organization MIGHT be interested in (check all that apply)

- | | |
|----------------------------|-----------------------------|
| _____ ARC First Aid/CPR | _____ NSC 6 Hour DDC |
| _____ ARC Babysitting | _____ NSC Alive at 25 |
| _____ ARC Caregiver | _____ NSC CEVO |
| _____ ARC Pet Safety | _____ NSC Specialty Vehicle |
| _____ ARC Workplace Safety | |

_____ Other safety training not listed (Please describe)

THANK YOU FOR YOUR ASSISTANCE