

Illinois State Police Safety Education Presentation Request Form

The Illinois State Police (ISP) is committed to improving public safety and strengthening relationships with communities. ISP welcomes the opportunity to provide safety education presentations to schools, organizations, businesses, and the broader community. To request an ISP safety education presentation, please fill out the form below and ISP will follow up for further coordination.

***Please note, at this time our staffing is limited. The further in advance of the event you are able to submit this form, the greater our ability to accommodate and schedule one of our Safety Education Officers.*

General Information

Event Name:	Organization:	Date:	Time:
Event Location:			
Address Line 1:		Address Line 2 (optional):	
City:		State:	Zip:
Event Contact Name:	Phone:	Email:	

Safety Education Topic

<input type="checkbox"/> Driver's Education <input type="checkbox"/> Internet Safety <input type="checkbox"/> School or workplace safety <input type="checkbox"/> Traffic safety	<input type="checkbox"/> Other: (Please list) _____ Number of presentations requested _____.
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In-Person Presentation Format

<input type="checkbox"/> Speaking presentation <input type="checkbox"/> Presentation with materials (video, PowerPoint, graphics, photos) <input type="checkbox"/> Hands-on demonstration (seatbelt convincer, rollover simulator, golf cart, pedal karts, desk driving simulators, etc.)	<input type="checkbox"/> Other: (Please list) _____
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Event Audience: (check all that apply)

<input type="checkbox"/> Children <input type="checkbox"/> Teens <input type="checkbox"/> Students <input type="checkbox"/> Parents	<input type="checkbox"/> Older Adults <input type="checkbox"/> Teachers	<input type="checkbox"/> Other: (Please list) _____ Audience Size: <input type="checkbox"/> 10-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-250 <input type="checkbox"/> 250+
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Presentation Details

Time ISP Officer Should Arrive:	Time Allotted for ISP Presentation:	If Dates and Times Are Flexible, Please Provide Alternative Date/Time:	
		Date:	Time:

Participation

Please list other confirmed participants and the topics they will address.

Engagement and Communications

Will the event be photographed or video recorded? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, will ISP be given access to content? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please select all social media outlets where content will be shared <input type="checkbox"/> Facebook <input type="checkbox"/> YouTube <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Other _____
Additional Information: