



10 Step Program Checklist

Step 1: Show the Zero Seconds Program DVD at one of your upcoming meetings.

Step 2: Access the Data CD, print out and distribute a pledge card to each member to sign. Collect all signed pledge cards.

Step 3: Share the Zero Seconds Message by showing the DVD with 5 or more elementary schools. Encourage the educator to go to the Harrison's Hope website to register for the Zero Seconds Program to implement the full version of the educational program at their school. **FILL OUT THE CONTACT NAMES ON THE ATTACHED FORM FOR EACH OF THE SCHOOLS.**

Step 4: Share the Zero Seconds Message with 5 local pediatricians, car insurance offices, and other community organizations. **FILL OUT THE CONTACT NAMES ON THE ATTACHED FORM FOR EACH OF THE ORGANIZATIONS.**

Step 5: Recognize any businesses that promote curbside, drive-through service (restaurants, dry cleaning etc.), or delivery to door service with a Harrison's Hope Zero Seconds certificate found on the Data CD. Upon delivering the certificate ask them to hang the Harrison's Hope window cling (included in kit). **FILL OUT THE CONTACT NAMES ON THE ATTACHED FORM FOR EACH BUSINESS THAT WAS RECOGNIZED.**

Step 6: Media Outreach - Contact one local radio station and one TV station to air the enclosed Public Service Announcement located within the media section of the DVD. Contact one print publication (newspaper, municipal newsletter, magazine, church bulletin, etc.) to submit Harrison's Hope parent pointer card and press release announcing the Zero Seconds Program located within the media section of the CD.

Step 7: Make sure all contact information is included for each organization, school, and business that was contacted using the attached form.

Step 8: Complete the Zero Seconds Program Evaluation Form located on your CD.

Step 9: Mail the following to the address below to receive your Zero Seconds Program Banner Patch and web site recognition.

- a. Signed pledge cards
- b. Zero Seconds Program Evaluation Form
- c. Completed 10 Step Checklist with Contact Information of organizations reached.

Step 10: Become a Harrison's Hope Platinum (\$1000), Gold (\$500), Silver (\$250) or Bronze-Level (\$100) Sponsor. Your contribution allows us to continue our life-saving work. Please provide a photo of your organization and we will recognize your efforts and support on our website.

Thank you for sharing the Zero Seconds Program!

P.O. Box 1459
Washington, MO 63090
Phone: 636.451.0606
Fax: 636.742.3305
www.harrisonshope.org



Step 3: Contact Information Form

Provide contact information for each of the schools contacted that viewed the DVD.

1) Name of School _____
Contact Person at School _____
School Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

2) Name of School _____
Contact Person at School _____
School Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

3) Name of School _____
Contact Person at School _____
School Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

4) Name of School _____
Contact Person at School _____
School Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

5) Name of School _____
Contact Person at School _____
School Address _____ City _____
State _____ Zip _____ Phone _____
Email _____



Step 4: Contact Information Form

Provide contact information for each of the other organizations (Pediatricians, businesses, etc.) contacted that viewed the DVD.

1) Organization/Pediatrician/Business

Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

2) Organization/Pediatrician/Business

Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

3) Organization/Pediatrician/Business

Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

4) Organization/Pediatrician/Business

Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

5) Organization/Pediatrician/Business

Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

6) Organization/Pediatrician/Business

Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____



Step 5: Contact Information Form

Provide contact information for each curbside or drive-through business that received a certificate.

Business Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Business Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Business Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Business Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Business Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Business Name _____
Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____