



# JAMES MADISON UNIVERSITY

DEPARTMENT OF POLICE AND PUBLIC SAFETY – CRIME PREVENTION UNIT



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## General Public Safety Program Outline & Request Form

Dorm or Group Name			
Name of Contact Person			
Contact Phone Number			
Contact Email Address			
Desired Location for Program			
General Safety Program ( <i>Standard All Inclusive 1-1½ hour Program</i> )			
Bike/Pedestrian/Vehicle Safety ( <i>1 hour program</i> )			
Alcohol Awareness & Safety ( <i>Beer Goggles - 1½ - 2 hour program</i> )			
Self-Defense/Personal Safety ( <i>1 hour program</i> )			
Bike Registration/Operation ID			
S.A.F.E. Walkers & Drivers Program			
Drug Identification for Hall Staff			
Identity Theft			
Other: ( <i>specify special topic</i> )			
Anticipated number of Attendees:			
<b><u>Please allow at least two weeks for scheduling considerations.</u></b>			
<i>Preferred Date(s) &amp; Time(s) for programs in order of preference</i>			
	<i>Date</i>	<i>Time</i>	✓
1			
2			
3			
Equipment available for PowerPoint Presentation		YES	NO
Other Comments			