



**Safe Routes to School Safety Educator Contacts**

Dear Team Leader:

Fill in the names of your SRTS Safety Educator(s) and return this form to CHL. If they are not known yet, write TBD and then inform Center for Health and Learning (CHL) as soon as they are selected. Copy this form as needed and continue to update Safety Educator contacts throughout the year.

**SRTS Coordinator/Team Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Name Email</b>	<b>School Address Phone</b>	<b>SRTS ROLE Team Leader/Safety Educator/SRTS Team Member/ Not a Member</b>	<b>COMMUNITY ROLE Teacher K-1/Teacher 2-3/Teacher 4-6/PE Teacher/School Nurse/Health Ed/School Board/Principal/Select Board/Municipal Planning/Law Enforcement/Parent</b>

**To contact Center for Health and Learning:**  
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 email: [martha@healthandlearning.org](mailto:martha@healthandlearning.org)

fax: (802) 254-6519  
 tel: (802) 254-6590

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