

City of Wichita
Charitable Solicitation Event
Safety Plan

NON-PROFIT ORGANIZATION

NAME			
ADDRESS		PHONE	
CITY, STATE		ZIP CODE	

CHARITABLE SOLICITATION EVENT CONTACT PERSON

NAME			
ADDRESS		PHONE	
CITY, STATE		ZIP CODE	
NUMBER OF INTERSECTIONS UTILIZED		DATE(S)	

CHARITABLE SOLICITATION INTERSECTION SUPERVISOR

NAME		PHONE	
INTERSECTION		DATE	
NUMBER OF PARTICIPANTS		NUMBER OF SAFETY VESTS	

☐ 501 (c)(3)

- Charitable organization is a non-profit organization that has been designated as a 501(c)(3) organization pursuant to the Internal Revenue Code of the United States or has been designated as a charitable organization by the Kansas Secretary of State.

☐ Solicitation event meeting

- Volunteers of the non-profit organization must attend a group meeting for Solicitation at Intersections. All rules and guidelines will be given to attendants.

☐ Written guidelines

- The contact person in charge of the non-profit organization will be responsible to see that each solicitor is made aware of the guidelines and laws.

☐ Proof of Liability Insurance

- The permit holder for a charitable solicitation event shall maintain during the term of the permit a policy of insurance from an insurance company authorized to do business in the State of Kansas which provides general liability coverage in an amount not less than \$500,000 per occurrence.

☐ Safety Plan

- It is the obligation of the permit holder or responsible party for a charitable solicitation event and a condition of the permit to maintain at all times adequate safety procedures for the conduct of such event.

☐ Safety equipment

- Each solicitor shall wear a safety vest. The soliciting organizations shall be identified by prominent signs visible to drivers and held by individuals on the curb, carried or worn by the solicitors, or placed upon a vehicle legally parked in close proximity to the solicitors. Identification may be printed on the safety vest and signs or banners at the intersection but shall not be posted or affixed to the ground.

Additional Intersections Information:**CHARITABLE SOLICITATION INTERSECTION SUPERVISOR**

NAME		PHONE	
INTERSECTION		DATE	
NUMBER OF PARTICIPANTS		NUMBER OF SAFETY VESTS	

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