



South Carolina Department of Public Safety Families of Highway Fatalities (FHF)

"Have a heart for highway safety"

Name:

SC Department of Public Safety
Families of Highway Fatalities (*Support...Fellowship...Safety Education*)

Mission Statement:

South Carolina Department of Public Safety Families of Highway Fatalities is dedicated to providing compassionate resources for families who have lost loved ones in motor vehicle-related collisions. Our goal is to provide Peer Support for grieving families; facilitate forums and opportunities for grieving families to meet; prevent further highway fatalities through public education and information; and to diligently work alongside law enforcement, first responders, the Legislature and other government officials as advocates for highway safety.

About FHF:

The organization was formed by families of highway fatality victims and SCDPS to provide an organized way of assisting families after the tragic death of a loved one.

We do so by:

- Assisting families who have lost loved ones in collisions through Peer Support;
- Helping connect grieving families with each other;
- FHF members serve as safety ambassadors in their communities distributing safety materials and information led by SCDPS;
- Educating first responders/coroners/funeral directors/law enforcement about issues affecting grieving families.

Join FHF:

FHF primarily includes families who have lost loved ones. However, the group also includes safety professionals from various organizations, friends of fatality victims, counselors and clergy interested in assisting families who have lost loved ones on the highways in South Carolina.

Contact us:

Website: www.schp.org/inmemoryof
E-mail: FamiliesofHwyFatalities@scdps.net; fsturner@schp.org
Phone: 803-896-8171
Mail: Families of Highway Fatalities, SCDPS Headquarters
Attention: Faith Turner
Post Office Box 1993
Blythewood, SC 29016

Please share some information about yourself:

Name: _____

Address: _____

Hometown County: _____

Phone numbers:

Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Relationship to deceased/other reason for joining: _____

Summary/Date of Family members' collision: _____

____ **I simply wish to join FHF and be kept up to date on all upcoming events.**

____ **I need Peer Support.**

If you would like to speak with one of our trained Peer Volunteers, you may contact Faith Turner at 803-896-8171, fturner@schp.org or FamiliesofHwyFatalities@scdps.net. We will refer you to one of our trained peer volunteers in your area.

I would like to volunteer for:

____ **Speakers' Bureau**

Speakers' Bureau Team Members speak at various safety venues with law enforcement to promote safety initiatives. Speaker training will be provided through SCDPS.

____ **Peer Team:**

Peer Team Members help other fatality families through the grieving process. **Recommended that you are 3-5 years post-loss and Team Members must receive training through SCDPS Chaplaincy Program and criminal background check.

____ **Safety Ambassador:**

Distribute safety literature in your community especially during organized safety campaigns such as DUI, occupant restraint, child passenger safety and leading into major travel holidays.

____ **Administrative Work:**

Volunteer to assist with mass mail-outs to FHF members, write condolence cards to families of highway fatalities, copying or other administrative tasks.

____ **Other, please specify:** _____

Disclaimer (must be signed and returned to Faith Turner, South Carolina Highway Patrol, Headquarters, Post Office Box 1993, Blythewood, SC, 29016)

I understand that my work with FHF is completely voluntary and I may discontinue my work with SCDPS at any point. I understand that I will be asked to comply with certain guidelines for the team such as appropriate dress at various functions, guidelines on dealing with other victims etc. I understand that state procurement rules prohibit reimbursement of my expenses related to my volunteer work with FHF including meals, travel, postage etc. I recognize that my work with FHF is intended to help others experiencing a similar loss as mine, to promote safety and to facilitate my own healing process.

Printed Name: _____

Signature: _____

Date: _____