

GuardCare 2025



August 9th: 8:00 am - 4:00 pm
August 10th: 8:00 am - 3:00 pm
1630 E. Southern Ave.,
Bucyrus, Ohio 44820

OUR MISSION



NO-COST HEALTH SERVICES

No insurance taken or billed



ALL OHIO RESIDENTS

No income requirements



LOCAL RESOURCES

Free resource fair, access to local health care providers, car seats, bicycle helmets and more

“Always ready, always there.
Closing the gap for those who
need health care.”

No-Cost Services:



Dental Exams
Treatments & Extractions



Vision
Exams & Prescription Glasses



Blood Labs



Wellness Checks
Including Sports
Physicals



Immunizations

...And More!



Department of
Health



EXECUTIVE SUMMARY

GuardCare 2025

GuardCare 2025

Your Health, Our Mission



Dates/Times: Saturday, August 9, 2025, 8:00 A.M. – 4:00 P.M.
Sunday, August 10, 2025, 8:00 A.M. – 3:00 P.M.

Location: Crawford County Board of Developmental Disabilities
1630 E. Southern Avenue, Bucyrus, Ohio 44820



Features: **No-Cost** Medical, Vaccinations (Child & Adult) Vision, Eyeglasses (fabricated on site), Wellness Checks, Sports Physicals, Mammograms, Blood Labs, Cribs for Kids, Car Seats and Car Seat Checks, Safety Helmets for Kids, Resource Fair with Local Providers On-Site, Free Resources and more (*all services subject to change*)

Anticipated

Attendance: 800-1200 over the weekend, potentially more

Presented by: Crawford County Public Health (CCPH), Ohio Department of Health (ODH), and Ohio National Guard (ONG)

Cost: NO COST TO THE PUBLIC!

Proceeds: Financial support/sponsorship will provide medical and ancillary supplies, lab testing, transportation for participants, goody bags for Guard workers, event signage, staff/volunteer shirts, water stations, proper waste receptacles, breakfast and lunch for Guard Members/event workers/volunteers and more.



Department of Health



Marketing Highlights

During this event, and for a few months prior, you can put your brand – and raise awareness of your product – directly in the hands of potential customers. Depending on your level of partnership, your organization may benefit from many of the following event-related promotions:

- | | |
|---|---------------------------------|
| -High traffic location before/after the event | -Use of logo on flyers, posters |
| -Sampling/Couponing | -Retail/Trade promotion |
| -Print promotion | -High visibility signage |

Crawford County Demographics Census, Ohio Dept. of Development

- 41,529 county population
- 11,537 total families with children under age 18
- 18,168 total households
- \$52,487 median household income
- 42.9 years median age
- 25,422 (62.1%) 200% of poverty level or more

Make an Impression

Depending on your level of partnership, your advertising/promotional message/logo will be seen during the event's promotional period, before, during and after the event. We're targeting families in the Crawford County and surrounding Northcentral Ohio counties. GuardCare events have taken place across Ohio since 1996, but this is the first one in Crawford County. Through personal contacts, community partners, professional organizations, local businesses, and service organizations, a variety of people will be reached. An additional audience will be reached via local newspaper articles, public service announcements, digital ads, podcasts, posters, and flyers.

Our Media Market that will be targeted

Newspapers (daily/weekly)

Bucyrus Telegraph-Forum, Galion Inquirer, Crestline Advocate, New Washington Herald, Mansfield News Journal, Tiffin Advertise-Tribune, The Marion Star, The Daily Chief-Union, Norwalk Reflector, Morrow County Sentinel

Television

WMFD

Radio

WBCO/WQEL, WVNO, WMRN, WNCO, WCKY, (and more)

Digital Platforms

Crawford County Now

GuardCare 2025: Your Health, Our Mission

Sponsorship Levels

Sponsorship Benefits	Major General \$2,000 & Up	Staff Sergeant \$500-\$1,999	Private First Class \$100-\$499
Content Marketing (social media promotion, website presence)	✓		
TV/Radio/ Podcast mentions	✓		
Logo on shirts	✓	✓	
Sponsor Sign Placed On-Site	✓	✓	✓
Event Email Blasts	✓	✓	✓
Press Release Inclusion (before & after event)	✓	✓	✓





Donation Form

Grants and donations made to Crawford County Public Health, Crawford County WIC & Crawford County Help Me Grow qualify as a charitable contribution as defined by Internal Revenue Code Section 170(c)(1).

Instructions

- ☐ Complete this entire form. Please **print** legibly.
- ☐ Make a copy of this form for your records.
- ☐ Submit this form with the donation.
- ☐ Make donation checks to:
Crawford County Public Health
- ☐ Send donation checks to:
Crawford County Public Health
1520 Isaac Beal Rd.
Bucyrus, OH 44820
- ☐ Call (419) 562-5871 with any questions or to discuss product or monetary donations.
- ☐ We will send you a receipt after we receive your generous donation.

Note: All donations must be used for a public purpose, so all donations will be used to benefit citizens living in Crawford County.

Donations can be used for public health programs, clinic enhancements, educational efforts, community-wide efforts, emergency management efforts or other public health services.

Name of Person and/or Agency Donating:

Address:

City:

State:

Zip Code:

E-mail:

Phone:

My monetary/charitable contribution is:

\$ _____

☐ **Non-Monetary Donation, Describe Product(s):**

Use back if necessary.

What is the fair market value for each item:

\$ _____

This is to certify that Crawford County Public Health has not provided any goods or services in consideration, in whole or in part, for this generous contribution.

Signature of person donating:

Health Department Use Only

Date Donation Received: _____

Staff Signature: _____



CCMRC VOLUNTEER ENROLLMENT FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Primary Phone Number: _____

Email: _____ Preferred Method of Contact: Email/Phone/Mail

Birthdate: _____ Shirt Size: _____ Gender: ☐ Male ☐ Female

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: _____

Emergency Contact #2:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: _____

1. What is your availability? _____
2. Do you have Medical Certification or Licensure? # _____ Exp date: _____
3. Special Accommodations/Limitations? _____
4. Are you willing to submit to a criminal background check? Yes___ No___
5. Have you ever been convicted of a crime? Yes___ No___
Please explain: _____

Please check all items below that interest you.

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Home Meal Deliveries | <input type="checkbox"/> Advisory Council |
| <input type="checkbox"/> Food Pantry Support | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Serving Hot Meals | |



By signing below, I submit that I am at least 18 years of age and that I reside in, or nearby, the community served by CCPH/CCMRC.

I will read and understand the contents of the CCMRC Handbook upon receipt and agree to abide by the rules and regulations stated therein.

I agree to serve without compensation and hereby volunteer my services with Crawford County Medical Reserve Corps.

Volunteer Signature

Date

CCMRC Staff

Date

Age of Volunteer at Enrollment: _____ (Enrollment Date is the date the CCMRC staff signs/approves the enrollment form.)

Upon Completion of this form, submit to be enrolled:

By email:

brynn.bishop@crawfordhealth.org

By USPS Mail:

**PHEP/CCMRC Unit Coordinator
c/o Crawford County Public Health
1520 Isaac Beal Rd.
Bucyrus, OH 44820**

OR: Register online via



<https://www.ohioresponds.odh.ohio.gov/>

To be completed by CCMRC Staff AFTER volunteer is enrolled:

Station to which volunteer is first assigned: _____

Whenever possible, the CCMRC staff will accompany the volunteer to the first date of active CCMRC service.