**Instructions:**

1. Please use 12-point Font when preparing your application.
2. Applications longer than 7 pages, not including the instruction page, will not be accepted.
3. Only applications from the following Region will be considered:

**Region X (Alaska, Idaho, Oregon, and Washington)**

1. The application must be submitted no later than **March 28, 2012**. Please email the application to Monica Cooper at mdcooper@mariposachc.net
2. All successful applicants who participate in each day of the Institute’s trainings will receive a Certificate of Completion and will be provided post-training support to enable them to complete a community project.

If you have any questions regarding this application, please contact Rosie Piper at Mariposa Community Health Center (520-375-6050) and rpiper@mariposachc.net

***Note to Applicant:*** *The term Community Health Worker (CHW) includes other terms, such as: Community Health Representative, Lay Health Worker, Patient Navigator, Promotor(a), Doula, Outreach Worker, Peer Counselor, Peer Leader and*  *Community Health Advocate.*

\*\*PUBLIC HEALTH REGION: X

|  |
| --- |
| Personal Information |
| 1. Name: *Last: First: Middle:*
 |
| 1. Address:
 |
| City: State: Zip Code: |
| 1. Home Phone: ( )
 |
| 1. Cell Phone: ( )
 |
| 1. Work Phone: ( ) Ext:
 |
| 1. Email Address:
 |
| 7. Race/Ethnicity (Check all that apply): 🞎 American Indian / Alaska Native 🞎 Asian / Pacific Islander🞎 Black / African American🞎 Hispanic / Latino(a)🞎 Non Hispanic White🞎 Other (please specify): |
| 8. What cultural group do you most identify with? |
| 9. Highest level of education completed: 🞎 Less than High School 🞎 High School or Equivalent 🞎 Some College 🞎 College Degree 🞎 Graduate Degree 🞎 Other (please specify): |
| 10. Emergency Contact Name: 11. Emergency Contact Phone Number: ( )  |

|  |
| --- |
| Language Information |
| 12. Can you speak, read, and write English with the fluency necessary for the purpose of the WHLI training? Yes \_\_\_\_ No\_\_\_\_ |
| 13. In what language might you implement your project in your home community? |

|  |
| --- |
| Organization/Agency Information |
| 14. Organization Name: |
| 15. Address: |
| City: State: Zip Code: |
| 16. Job title or position: |
| 17. How many hours a week do you work? *Paid Hours:* \_\_\_\_\_\_ *Volunteer Hours:* \_\_\_\_\_\_ |
| 18. How long have you worked for ***this*** agency? |
| 19. Approximately how many Community Health Workers work in your agency?  |
| 20. Which best describes the organization you work for? (Choose one - your primary work site)🞎 Community-Based Organization🞎 Community Health Center🞎 Other type of clinic🞎 Hospital🞎 Indian Health Service🞎 Tribal Health Department🞎 Local or County Health Department🞎 Other (please specify): |

|  |
| --- |
| CHW Occupational Information |
| 21. CHWs get their skills and education in many ways.Which of the following best describes your experiences? (Check all that apply)🞏 I have received on-the-job CHW training🞏 I have “shadowed” a CHW🞏 I have been mentored by another CHW🞏 I have attended a conference for CHWs🞏 I have taken a CHW class offered at a community college🞏 I have completed a CHW Certificate Program🞏 I have taken leadership training🞏 I have taken advocacy training🞎 I have obtained skills/education in other ways (please specify): |
| 22. In which settings do you mostly work or do outreach? (Check all that apply)🞎 Homes🞏 Neighborhood/ Community-based🞎 Migrant Labor Camps🞎 Religious Organizations / Churches🞎 Schools🞎 Community Centers🞎 Shelters🞎 Clinics / Hospitals🞎 Worksites🞎 Other (please specify):  |

|  |
| --- |
| CHW Occupational Information (contd.) |
| 23. Please check the **top three** health issues that you work on:🞎 Accessing Health Services🞎 Adolescent Health🞎 Alcohol / Substance / Tobacco Use🞎 Asthma🞎 Behavioral or Mental Health🞎 Chronic Disease (Diabetes, Cancer, High Blood Pressure, Cardiovascular Disease)🞎 Communicable disease other than HIV / AIDS🞎 Dental Health🞎 Elder Health🞎 Environmental Health🞎 HIV / AIDS🞎 Injury Prevention🞎 Maternal and Child Health🞎 Occupational Health🞎 Prevention (Nutrition and/or Physical Activity)🞎 Women’s Health🞎 Other (please specify): |
| 24. Please check the primary activities you do in your work as a Community Health Worker (check all that apply):🞎 Provide social/ personal support🞎 Provide culturally appropriate health education and information🞎 Advocate for individuals and communities🞎 Assist people to get the services they need🞎 Provide direct services, such as glucose screening or insurance enrollment🞎 Provide skill-building workshops🞎 Act as a cultural bridge between individuals/ communities and the health and human services they receive🞎 Other (please specify): |

|  |
| --- |
| CHW Occupational Information (contd.) |
| 25. What is (are) the primary languages(s) of **the people you serve**? |
| 26. How would you describe the populations that you **primarily serve**? (Check all that apply)***Ethnicity***🞎 Black / African American🞎 American Indian / Alaska Native🞎 Hispanic / Latino(a)🞎 Non Hispanic White🞎 Asian / Pacific Islander***Locale***🞎 Rural🞎 Urban🞏 Suburban***Income***🞎 Low Income🞎 Middle Income🞎 Upper Income***Gender***🞎 Women🞎 Men***Age***🞎 Adults🞏 Adolescents🞎 Children***Migration***🞏 Non-immigrants🞏 Immigrants🞏 Refugees 🞎 Other (please specify):  |

|  |
| --- |
| Additional Questions |
| 27. How many years have you served as a Community Health Worker?28. Please list any current or past affiliations you have with organizations at the local, state or national level:

|  |  |  |
| --- | --- | --- |
| Organization/ Group Name | Your Role/Affiliation | Duration of Role |
|  |  | Years \_\_\_\_\_ Months \_\_\_\_\_ |
|  |  | Years \_\_\_\_\_ Months \_\_\_\_\_ |
|  |  | Years \_\_\_\_\_ Months \_\_\_\_\_ |
|  |  | Years \_\_\_\_\_ Months \_\_\_\_\_ |
|  |  | Years \_\_\_\_\_ Months \_\_\_\_\_ |
|  |  | Years \_\_\_\_\_ Months \_\_\_\_\_ |
|  |  | Years \_\_\_\_\_ Months \_\_\_\_\_ |
|  |  | Years \_\_\_\_\_ Months \_\_\_\_\_ |

 |
| 29. Please provide one (1) example of how you have exercised leadership in your community and/or workplace. What was the issue, what was your role and what was the outcome? |
| 30. Why are you interested in participating in the Women’s Health Leadership Institute? |
| 31. Specifically, what kinds of skills and/or training do you need in order to become more effective as a leader in your field? |

|  |
| --- |
| Applicant Statement of Commitment |
| **Please read and sign the following:** I understand that the Institute may select only a specific number of participants. If I am selected, I will complete the following items:1. I will attend the Regional Workshop from May 2– 4, 2012 in Seattle, WA.
2. I will participate actively in the Regional Workshop, including all sessions and subsequent activities that are required. I understand that I must attend all sessions in order to receive a certificate of completion.
3. With help from my supervisor, I will plan and implement a community project using what I learned at the Institute.

*Applicant Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| Supervisor Statement of Commitment |
| **Please complete this section unless you are self-employed or a volunteer.**On behalf of our organization, I support the time and the level of commitment required for full participation of the above applicant as a participant in the WHLI before, during and after the Community Health Worker Regional Workshop.*Supervisor Name and Title (printed):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Supervisor Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |