**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](mailto: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](mailto: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

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| 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: ( ) |

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| 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? |

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| 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): |

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| 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): |

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| 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): |

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| 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): |

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| 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? |

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| 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:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |