



Community Health Worker Workshop Application

Instructions:

1. Please use 12-point Font when preparing your application.
2. Applications longer than 8 pages, not including the instruction page, will not be accepted.
3. Only applications from the following Region will be considered:

Region VI (AR, LA, NM, OK, TX)

4. The application must be submitted no later than **March 10, 2014, 10pm.**

Note: Please scan and email the application (with signatures) to **both:**
Julie St. John, Master Trainer at jstjohn@srph.tamhsc.edu
Denise LaRue, Master Trainer at denise.larue@harrishealth.org

If faxing, please fax to 832.487.2849

5. 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 Action Project (CAP).

If you have any questions regarding this application, please contact both of the Master Trainers at the emails listed above.

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.*



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PUBLIC HEALTH REGION: VI

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

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



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Organization/Agency Information
15. Organization Name:
16. Address:
City: _____ State: _____ Zip Code: _____
17. Job title or position:
18. How many hours a week do you work? <i>Paid Hours:</i> _____ <i>Volunteer Hours:</i> _____
19. How long have you worked for this agency?
20. DSHS certified CHW? ___ Yes ___ No # years certified CHW _____ Certification # _____
22. Approximately how many Community Health Workers work in your agency?
22. Which best describes the organization you work for? (Choose one - your primary work site)
<input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Community Health Center <input type="checkbox"/> Other type of clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Tribal Health Department <input type="checkbox"/> Local or County Health Department <input type="checkbox"/> Other (please specify):

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

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CHW Occupational Information (contd.)

25. 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):

26. 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.)

27. What is (are) the primary language(s) of **the people you serve**?

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28. 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

29. How many total years have you served as a Community Health Worker (paid or volunteer)?
(10 points)



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30. Please list any current or past affiliations you have with community health worker , public health or social justice 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 ____

31. 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? **(10 points)**

32. Why are you interested in participating in the Women’s Health Leadership Institute? **(10 points)**

33. Specifically, what kinds of skills and/or training do you need in order to become more effective as a leader in your field?(Examples: public speaking, coalition building, etc) **(10 points)**

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34. If your application for the Women’s Health Leadership Institute CHW Workshop is accepted, you will be responsible for implementing a Community Action Project (CAP) of your choosing. The CAP must address a public health problem in your community. In 50 words or less, tell us what public health problem you would like to focus on in your community and why.

NOTE: Please include the *Healthy People 2020* topic and objective in your description. (See www.HealthyPeople.gov) For example, if your community needs a safe park where kids can play and get exercise, the Healthy People 2020 topic and objective are “Topic: Physical Activity – Objective: **PA-3:** Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.” **(50 points)**



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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 CHW Workshop from _____ to _____.
2. I will participate actively in the CHW 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 support from my supervisor, I will plan and implement a Community Action Project (CAP) 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:* _____

**** Must sign and scan or fax complete applications; please do not type in signatures****