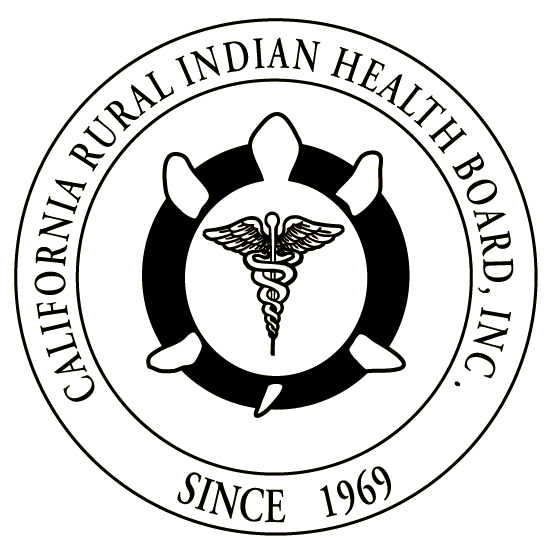
**Application Deadline: April 12, 2021**

**Notification of Decision: April 19, 2021**

|  |
| --- |
| **COMMUNITY HEALTH WORKER (CHW) TRAINING PROGRAM APPLICATION**  Ten-Week Virtual Training Series  **Self-Paced, Instructor-Guided Online Training**: May 10—July 16, 2021  For more information, visit:  <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/CommunityHealthWorkerTrainingSystem> |
| **CHW Definition:** Community Health Workers (CHWs) are frontline public health workers who are trusted members of the community they serve. CHWs enable them to serve as a liaison/link/intermediary. |
| **CHW Role:** CHWs build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as community engagement, education, social support, and advocacy. |



**California Rural Indian Health Board**

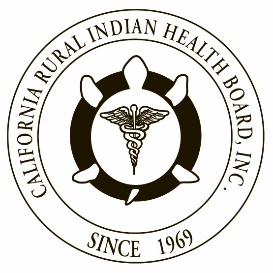
1020 Sundown Way ∙ Roseville, CA 95661

Telephone: (916) 929-9761

Fax: (916) 771-9470

www.crihb.org

|  |  |  |
| --- | --- | --- |
| **APPLICANT INFORMATION** | | |
| Full Name (Last, First, Middle): | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Email: | | Phone Number: |
| Tribal Membership/Affiliation: | | |
| Are you at least 18 years of age?  YES \_\_\_\_\_\_ No\_\_\_\_\_\_\_ | | |
| Have you completed an online, self-paced course in the past?  YES \_\_\_\_\_\_ No\_\_\_\_\_\_\_ | | |



**California Rural Indian Health Board**

1020 Sundown Way ∙ Roseville, CA 95661

Telephone: (916) 929-9761

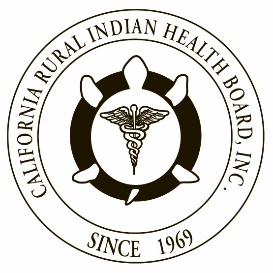
Fax: (916) 771-9470

www.crihb.org

|  |  |  |  |
| --- | --- | --- | --- |
| **PREVIOUS EDUCATION** | | | |
| Name of School or Institute  (City/State) | Diploma or  Degree | Course of Study | Years Completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **CERTIFICATES, LICENSURES, OR SPECIALTY TRAINING** |
| *Please list any additional certifications, licenses, or specialty training here.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT/PREVIOUS EXPERIENCE** | | | |
| *Please list ALL experience related to community health education, outreach, advocacy, and promotion.* | | | |
| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
|  |  | | |
| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
|  |  | | |
| Company Name |  | Dates |  |
| Role/Title |  | | |
| Description of Activities |  | | |
|  |  | | |
| Additional Experience |  | | |



**California Rural Indian Health Board**

1020 Sundown Way ∙ Roseville, CA 95661

Telephone: (916) 929-9761

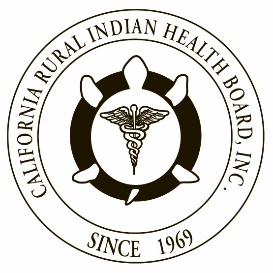
Fax: (916) 771-9470

www.crihb.org

|  |  |  |
| --- | --- | --- |
| **Current employment status** | | |
| 🞎 Employed | 🞎 Underemployed  Not having enough paid work OR not doing work that makes full use of your skills and abilities | 🞎 Unemployed |

|  |
| --- |
| **SHORT ESSAY** |
| If mailing your application, please attach a hardcopy of your essay. If emailing your application, please attach your essay as a separate document. Please keep essay under 750 words.  ESSAY QUESTION: What are your educational and/or career goals for the next five years? |

|  |  |  |
| --- | --- | --- |
| **How did you hear about this training opportunity?** | | |
| 🞎 Social media | 🞎 CRIHB website | 🞎 Tribe/Tribal Health Program |
| 🞎 Family member/ Friend | 🞎 California Indian Manpower Consortium (CIMC) | 🞎 Northern California Indian Development Council (NCIDC) |
| 🞎 Other (Please list): | | |



**California Rural Indian Health Board**

1020 Sundown Way ∙ Roseville, CA 95661

Telephone: (916) 929-9761

Fax: (916) 771-9470

www.crihb.org

|  |  |
| --- | --- |
| **SIGNATURES** | |
| *Carefully read and initial each item below. If there are any items you do not*  *understand, please contact Jan Carver at* [*jcarver@crihb.org*](mailto:jcarver@crihb.org) *or (916) 286-7238.* | |
|  | If offered admission into the CHW training program, I hereby commit to completing the four-part online program in its entirety. |
|  | I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for admission and that the answers given by me are true and correct to the best of my knowledge. |
| ***My signature below certifies that I have read and understood every line item in this document and agree to the terms and conditions.*** | |
| Applicant’s Signature/Date | X |
| ***If currently employed by a Tribe/Tribal Health Program, please have your Supervisor and Executive Director sign below.*** | |
| Tribe/Tribal Health Program |  |
| Supervisor Signature/Date | X |
| Executive Director Signature/Date | X |

**Application Deadline: Monday, April 12, 2021**

**TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

|  |  |
| --- | --- |
| **Mail** | Attn: Jan Carver, Education Coordinator  California Rural Indian Health Board, Inc.  1020 Sundown Way  Roseville, CA 95661 |
| **Email** | [jcarver@crihb.org](mailto:jcarver@crihb.org) |
| **Fax** | 916-771-9470 |