

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASIAN AMERICAN HEALTH INITIATIVE**

**HEALTH PROMOTERS PROGRAM
APPLICATION FORM**

Section 1: Personal Information

Please Print

First Name _____ **Last Name** _____

Address _____

City, State, Zip _____

Home Phone () _____ **Work Phone** () _____

Email Address: _____

Language– Do you speak an Asian language? ___Yes ___No

Language: _____

Circle all that apply: Speak Read Write

Language: _____

Circle all that apply: Speak Read Write

Section 2: Experience

ARE YOU CURRENTLY, OR HAVE YOU RECENTLY SERVED AS A VOLUNTEER?

___Yes ___No

If yes, please outline this service. Please include the years, type of service, and name of community you served.

WHY DO YOU WANT TO BE A HEALTH PROMOTER?

HOW DO YOU THINK YOUR COMMUNITY WILL BENEFIT FROM HAVING YOU AS THEIR HEALTH PROMOTER?

ACCORDING TO YOU, WHAT ARE THE MAJOR HEALTH ISSUES OR CONCERNS FACING YOUR COMMUNITY?

WHAT IS YOUR AVAILABILITY?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY