

**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.**

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**WHY DO YOU WANT TO BE A HEALTH PROMOTER?**

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

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

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**WHAT IS YOUR AVAILABILITY?**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY