

Dear Community Health Worker Training Applicant,

Thank you for your interest in the Rhode Island College Community Health Worker Core Competency Training Program. This training is funded by the Rhode Island Department of Health and aligns with the Rhode Island Certification Board’s competencies for certification of Community Health Workers. In order for you to maximize your chances for a successful application, please answer all the questions below and fulfill the number-of-words requirement. **Space is limited to 25 and the most impressive applications will garner spots.**

To submit your application:

Please fill out the following document in the next pages by **typing in the spaces provided, following number-of-word requirements.** You may email back the application to joinchwari@gmail.com, or you can mail to:

Sarah Lawrence

Room 222 Alger Hall

Rhode Island College

600 Mt. Pleasant Avenue

Providence, RI 02908

**The deadline for the application is February 3**. If you have any questions, please don’t hesitate to call me at (401) 456-9039 or email me at joinchwari@gmail.com.

Sincerely,

Sarah R. Lawrence, CCHW, MSW, PhD

Director, Community Health Worker Association of Rhode Island



**Rhode Island College Community Health Worker**

**Core Competency Training**

**Application Form**

Name: Click or tap here to enter text.

Email: Click or tap here to enter text. Street Address: Click or tap here to enter text.

City, State, Zip Code: Click or tap here to enter text.

Best Phone Contact: Click or tap here to enter text. Alternate Phone Contact: Click or tap here to enter text.

Organization of employment or volunteering: Click or tap here to enter text. Not applicable:[ ]

Current title: Click or tap here to enter text.

Organization Address: (if applicable) Click or tap here to enter text.

Referred by what person (if applicable): Click or tap here to enter text.

Are you fluent in English reading/writing? [ ] Yes[ ] No

Are you fluent in other languages? If so, please list: Click or tap here to enter text.

**Educational Background:**

[ ] High School Diploma [ ] General Equivalency Degree (GED)

[ ] Attended *some* college or Vocational School (non-degree holder)

[ ] Vocational School Certificate [ ] Associate’s Degree

[ ] Bachelor’s Degree [ ] Master’s Degree [ ] PhD

**Are you attending school or training currently?** [ ]  Yes [ ] No

If yes, where and what program? Click or tap here to enter text.

**Computer Proficiency**

Microsoft Word: [ ] No experience [ ] Beginner [ ] Intermediate [ ] Advanced

Microsoft Excel: [ ] No experience [ ] Beginner [ ] Intermediate [ ] Advanced

Outlook Email: [ ] No experience [ ] Beginner [ ] Intermediate [ ] Advanced

Other: Click or tap here to enter text.

**Please answer the following questions (be sure to write AT LEAST the number of words required, but feel free to write more:**

Why do you want to become a Community Health Worker (please write at least 50 words)?

 Click or tap here to enter text.

What do see as the most important role of a Community Health Worker (please write at least 50 words)?

Click or tap here to enter text.

What skills or personal qualities could you bring to the role of a Community Health Worker (please write at least 100 words)?

 Click or tap here to enter text.

What do you think would be challenging in this role (please write at least 50 words)? Click or tap here to enter text.

Explain how you have promoted well-being and/or justice in your family, social support system, or community. If you have not, explain why (please write at least 100 words)?

Click or tap here to enter text.

What amount of work are you seeking? [ ] Full time [ ] Part time

What area of Community Health Work are you most interested in?

[ ] Community-based Organization

[ ] Clinical site like Community Health Center or Clinic

[ ] School

[ ] Other: Click or tap here to enter text.

Now that you have typed in answers, please print out, sign, date, and scan/email your application to Sarah Lawrence at joinchwari@gmail.com. Enter “CHW Trg Application” in subject line. Or send to the address below. Please phone with any questions: (401) 456-9039.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



Sarah Lawrence, Director

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