



Montgomery County
Department of Health & Human Services
Asian American Health Initiative



Health Promoters Program
Application Form Fiscal Year 2012

Section 1: Personal Information

Please type or print in blue or black ink.

First Name:

Last Name:

Address:

City, State, Zip:

Home Phone: () -

Cell Phone: () -

Email Address:

Best Way to Reach You:

Do you have legal authorization to work in the United States? ___ Yes ___ No

Are you 18 years or older? ___ Yes ___ No [If no, do you have authorization to work? ___ Yes ___ No]

Section 2: Communication Skills

Do you speak an Asian language? ___ Yes (if yes, please list them below) ___ No

Language 1: _____

(Circle all that apply) Read Write Speak

Language 2: _____

(Circle all that apply) Read Write Speak

How would you describe your computer skills? (Circle the option that best fits)

1 - Excellent 2 - Good 3 - Fair 4 - Needs Improvement 5 - Poor

Are you familiar with Microsoft Word? (Circle best option) Yes No Don't Know

Are you familiar with Microsoft Excel? (Circle best option) Yes No Don't Know

Other Skills: _____

Are you a returning Health Promoter: (Circle one) Yes No

Section 3: Experience

Are you currently, or have you recently, served as a volunteer? (Circle one) Yes No

If YES, please outline your service. Include the type of service, number of years, and the population/community you worked with.

Are you currently employed? (Circle one) Yes No

If YES, please give a short description of where you work and your main duties.

Section 4: Health Knowledge

Please briefly answer the following questions to the best of your ability. If you need more space you can use a separate sheet of paper.

Why do you want to be a Health Promoter?

Are you connected to any community or faith based organizations? If so, how do you think your community will benefit from having you as their Health Promoter?

What do you perceive to be the major health issues and concerns facing your community?

Section 5: Availability

What is your availability throughout the week? Please indicate which times you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Section 6: Photo Release

If accepted into the Health Promoter Program, I hereby consent to allow the Asian American Health Initiative (AAHI), Department of Health and Human Services Montgomery County, Maryland to use my still or video photograph taken during any Health Promoter activities from July 2011 to June 2012 in various forms of media and publish in print and/or electronically with or without my name for any lawful purpose.

Signature: _____ Date: _____

Fax your resume to 240-777-4564 (attn:Sanjana) OR
email to Sanjana.quasem@montgomerycountymd.gov OR
mail to 1335 Piccard Drive, Rockville, MD 20850