

APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CHECK ONE:

I am not working as a Community Health Worker\*, but I have completed Health 59 with a grade of "C" or better.

I am a working Community Health Worker\*. My supervisor has completed a "Request to Waive Health 59" form and confidential recommendation **in sealed signed envelope attached to application.**

AGREEMENTS:

By signing below, I agree to the following:

- 1) I am not a working CHW:
  - I will be responsible for obtaining an approved internship site for second (Spring) semester. I understand that the site must be approved by the CHW Certificate Program.
  - I am available one day a week (at least 8 hours during regular work hours) for my internship.

OR

- 2) I am a working CHW:
  - I am able to get time off from my job to attend classes. (Core courses meet at City College of San Francisco Wednesday 4:00pm-9:00pm once a week for two semesters.)
  - My internship placement may be my job. My supervisor has indicated a willingness to work out a Memorandum of Understanding (MOU) with the program to support my learning new skills.

Where did you hear about the CHW Certificate Program?

- former student
- supervisor at work
- brochure
- other: \_\_\_\_\_
- CCSF catalog

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PERSONAL STATEMENT ESSAY:** (Use separate sheet if necessary)

Please use the following questions to help write your personal essay, feel free to add other information that will help the admissions committee evaluate your application. Please give us information about:

- 1) yourself and your background;
- 2) your interest in community health work and how your interest in the field developed;
- 3) your current activities and interests, achievements, etc.;
- 4) your community and volunteer service;
- 5) your long term goals; and
- 6) if you have faced unusual circumstances, challenges or hardships, describe them and how you have responded.

\*Other titles for CHWs include Community Health Specialist, Community Health Aides, Community or Client Advocates, Public Health Assistants, Community Health Outreach Worker, Street Outreach Worker, Community Nutrition Workers and Client Educators.

Applicant's Name \_\_\_\_\_

**CONFIDENTIAL RECOMMENDATION**

**Applicant:** If you are a working CHW, ask your supervisor to fill out this form.

**Supervisor:** Please place this recommendation (and if applicable request to waive Health 59) in a sealed envelope with your signature across the closing flap and give to the applicant to attach/return with application. Applications are due/accepted postmarked May 1 through May 19. Core courses begin mid August through late May following year.

Your Name: \_\_\_\_\_

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

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Your daytime phone number with good times to reach you:  
\_\_\_\_\_

Please tell us why you think the applicant would be a good participant in the Community Health Worker Certificate. Please evaluate the applicant's likelihood of success in Community Health Work. Judge by record of service in the field, social maturity, reliability/predictability, cultural competence, willingness to apply self to learning new skills and information, ability to overcome personal obstacles. Please check the appropriate statement:

Applicant is extremely likely to succeed as a Community Health Worker and I highly recommend the applicant for your program.

Applicant is likely to succeed as a Community Health Worker and I recommend the applicant for your program.

Applicant has potential to succeed as a Community Health Worker and I recommend the applicant with reservation for your program.

Applicant needs to strengthen her/himself to be able to succeed in the field and your program.

Your response is confidential. Thank you very much.

APPLICANT'S NAME \_\_\_\_\_

**Comments** (Use separate sheet if necessary.):