

Project: Accessing Online Information for Immigrant and Refugee Health

**Application for Community Trainers/Health Education Advocate Position**

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

Phone/Address/Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which community will you serve if you become a  
trainer/advocate: \_\_\_\_\_

Do you have another role or job in that community? If yes, what is  
it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this  
position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific qualifications and experience do you have that makes you confident that you can perform the  
trainer/advocate position  
successfully? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What interests you about this trainer/advocate  
position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all the boxes that describe you:

- Independently committed to community service and community education
- Bilingual
- Skilled in basic computer use
- Interested in health information
- Able and willing to accept a position that is temporary and part-time during a 3-4 month period, January-April 2002, for approximately 10 hours/month.
- Able and willing to accept a position that will pay for 20 hours of work, and that will require an additional 10 hours (minimum) of volunteer service.
- Not already employed in a community service role that may conflict with fulfilling the role and responsibilities of the trainer/advocate

If there is more you would like to tell about yourself, please use the back side. Please return this application to: Christine Wilson Owens, Coordinator "Accessing Health Information" Project, Box 359959, 325 Ninth Avenue Seattle, WA 98104-2499; or call (206) 521-1287 for more information.