

Project: Accessing Online Information for Immigrant and Refugee Health

**Making Recommendations For Community Trainers/Health Education Advocates**

1. Your Name/Title \_\_\_\_\_

2. Your Organization \_\_\_\_\_

3. Your Phone/Address/Email \_\_\_\_\_

\_\_\_\_\_

4. Community that could be served by the person(s) you are recommending for the trainer/advocate positions:

\_\_\_\_\_

5. Name of person(s) you are recommending and their contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Mark the boxes that describe the person you are recommending. If you are recommending more than one person, please put the initials of their first and last names next to the words that describe them.

- 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 anything else you would like to say about the person(s) you are recommending please write your comments here (use the back side if you need more room):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this recommendation form 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. Or, you may give this form to a training coordinator who will contact you seeking this recommendation. Thank you.