

**CALIFORNIA BLACK WOMEN'S HEALTH PROJECT
ADVOCATE TRAINING PROGRAM APPLICATION:
BAY AREA 2006**

First Round Deadline: December 29, 2005 (postmark)

Second Round Deadline: January 31, 2006 (postmark)

GENERAL INFORMATION

Name: _____

Address: _____

City: _____

Home Phone: (____) _____ **Fax Number:** (____) _____ **Email Address:** _____

Birth Date: _____ **Age:** _____ **Gender:** _____

BACKGROUND

Please attach a current copy of your resume

Employer: _____

Job Title: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (____) _____ **Fax Number:** (____) _____

EDUCATIONAL BACKGROUND

I am currently enrolled in school as a student: _____yes _____no

If yes, Name of School or University: _____

Major, Program and Year: _____

Name of Dean or Program Director: _____

Address and Phone Number: _____

Please list your educational history, including the name of each school, the degree you received and the year completed.

<i>School</i>	<i>Degree</i>	_____
_____	_____	_____
_____	_____	_____
_____	<i>Year</i>	_____

VOLUNTEER EXPERIENCE

Please list your current and prior volunteer involvement. Include the level of your involvement (i.e. board, committee/task force, direct service volunteer, etc.) and dates. Attach another page if necessary.

PERSONAL STATEMENT

Answer each question below in brief essay format. You can use the space provided or attach additional pages. For each additional page, please provide your full name on each page, restate

the essay question and begin each essay on a separate page. No more than one page or 500 words is needed per answer.

A. Have you had any prior experience with policy? If so, please discuss.

B. Have you had any prior experience as an advocate? If so, please discuss

C. What is your background or involvement in health related issues?

D. What is your commitment to Black women's health?

E. What would you like to learn or gain from the Advocate Training Program?

F. How would you use the information gained from the Advocate Training Program?

FOR OUR INFORMATION

How did you hear about the Advocate Training Program? _____

Which evenings of the week are more convenient for you to attend class?

- Tuesday Wednesday Thursday?

DECLARATION ON APPLYING

Please check each box that applies:

In submitting the application, I affirm that:

- I have reviewed the entire application and that, to the best of my belief and knowledge, the information that I have given is true and accurate.
- My employer supports my time commitment to this program, including full attendance throughout the entire program schedule.
- Except for circumstances beyond my control, if selected, I will complete the program in its entirety.
- CABWHP may dismiss me from the program if my performance proves unsatisfactory due to a lack of interest or ability, unsatisfactory attendance, progress or conduct or for any reason deemed by the CABWHP to be detrimental to the overall program.

Name of Applicant (please print)

Signature of Applicant

Date

REFERENCE/RECOMMENDATION

Please provide a reference as a part of your application. The referee should be familiar with your commitment to policy, advocacy, health or other relevant issues in which you are involved.

Name: _____

Title/Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day Time Phone Number: _____ **Email Address** _____

Relationship to Applicant _____

*Please return this form to Tiombe Preston, Program Manager for the California Black Women's Health Project by mail at 101 North LaBrea Avenue, Suite 610, Inglewood, CA 90301 or by fax (310) 412-0923.
For additional questions, please call 310 412-1828 and ask to speak to Tiombe Preston, Program Manager.*