



California Rural Indian Health Board, Inc.
 1020 Sundown Way · Roseville, CA 95661
 Telephone: 916-929-9761
 Fax: 916-771-9470
www.crihb.org

Application Deadline: June 1, 2019
Notification of Decision: June 15, 2019

COMMUNITY HEALTH REPRESENTATIVE (CHR) TRAINING PROGRAM APPLICATION

CHR Definition: Community Health Representatives (CHRs) are frontline public health workers who are trusted members of the community they serve. CHRs enable them to service as a liaison/link/intermediary.

CHR Role: CHRs build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as community engagement, education, social support, and advocacy.

APPLICANT INFORMATION

Full Name (First, Middle, Last):

Mailing Address:

City:

State:

Zip Code:

Email:

Phone Number:

Tribal Affiliation:

Are you at least 18 years of age? YES _____ NO _____

Have you completed an online, self-paced course in the past? YES _____ NO _____

PREVIOUS EDUCATION AND TRAINING

Name of School or Institute (City/State)	Diploma or Degree	Course of Study	Years Completed



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Certificates, Licensures, or Specialty Training

Please list any additional certifications, licenses, or specialty training here.

PREVIOUS EXPERIENCE

Please list ALL experience related to community health education, outreach, and promotion.

Company Name			
Role/Title		Dates	
Description of Activities			
Company Name			
Role/Title		Dates	
Description of Activities			
Company Name			
Role/Title		Dates	
Description of Activities			



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SIGNATURE	
<i>Carefully read and initial each item below. If there are any items you do not understand, please contact Christy Tonel at ctonel@crihb.org or 916-929-9761.</i>	
	If offered admission into the Community Health Representative (CHR) Training Program, I hereby commit to completing the 6-weekly online program in its entirety which include two in-person sessions at CRIHB.
	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for admission and that the answers given by me are true and correct to the best of my knowledge.
<i>My signature below certifies that I have read and understand every line item in this document and agree to the terms and conditions.</i>	
Applicant's Signature:	
Date:	

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

Mail	Attn: Christy Tonel California Rural Indian Health Board, Inc. 1020 Sundown Way, Roseville, CA 95661
Email	ctonel@crihb.org
Fax	916-771-9470