CHW Training Application

**New Kensington Community Development Corporation (NKCDC)**

2771 Ruth St, Suite 1 Philadelphia PA 19134

215-427-0350 | www.nkcdc.org

Completing this application is required for anyone interested in enrolling in NKCDC’s Community Health Worker training tentatively scheduled to begin on Tuesday October 4, 2022. This is a paid training for $15/hr. We will reach out to you if we have any questions. If accepted into the training, full participation is expected. A “waitlist” of interested applicants will remain on file in case of any cancellations. Your information will remain on file for one (1) year to notify you of similar trainings that will become available.

*Please fill out all of the sections below:*

# Applicant Information

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

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

City, State & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s): (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Training Course

***Training(s) applying for:*** **Community Health Worker**

How did you hear about this training?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your hours of availability?

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What are your dates of availability for training?

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# Personal Information

Are you 18 years of age or older? Yes No

Have you or a family member ever participated in program(s)at NKCDC before? Yes No

If yes, which program and when?

# Personal Skills / Qualifications

Please list below any skills and qualifications you possess:

# Education & Training

**High School or GED** *(leave blank if none)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**Vocational School/Specialized Training** *(leave blank if none)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

# References

Please provide 2 reference(s) who have known you for at least 2 years below:

|  |  |
| --- | --- |
| Reference Name & Relationship | Contact Information |
|  |  |
|  |  |

# Additional Information

Why are you interested in attending this training?

Are you comfortable walking around in the Kensington community for outreach?

Are you fluent in any languages other than English? (If yes, please list language and level of fluency):

***Commitment Agreement***

Upon signing this application, you are agreeing to be committed to the Community Health Worker training. This is a twelve (12)week training program of 111 hours; meaning that you may be committed up to, but not exceeding, a six (6) hour day, three (3) days a week program for twelve (12) consecutive weeks. The tentative start date for this training is Tuesday, October 4, 2022. There will be additional trainings scheduled throughout the fall and winter that will be required in order to receive full certification. If you are unable to keep this commitment prior to the beginning of the program, please notify NKCDC of your inability to attend.

***All information provided in this application is an accurate, true, and complete representation to the best of my understanding.***

**Applicant Signature**

**Date**