



Center for Nonviolence and Social Justice | Healing Hurt People

<u>Community Health Worker Peer (CHWP)</u> <u>Training Academy Application</u>

Contact Information: Name: Address: City, state, zip code_____ Phone: Alternate Phone: Email: _____ Date of Birth: ___/___ **Gender:** I identify my gender as... (Please fill in the blank) **Languages:** What is your primary language? _____ Please list any additional languages that you speak:

Education:			
Please check all educational levels you have completed:			
High School Diploma/GED			
2 year associate's degree			
4 year bachelor's degree			
Master's degree/PhD			
Apprenticeship or vocational school			
Other:			
Please list name and year of last school attended			
Employment:			
Are you currently employed? (Circle one) $\underline{Y / N}$			
If yes, where and how many hours a week do you work? (Please note that <i>employment</i> does not exclude you from training)			
Employer:			
Hours per week:			
1-4 hrs/wk5-8 hrs/wk9-12 hrs/wk			
13-16 hrs/wk 16-20 hrs/wk 20- 40hrs/wk			

How do you think that becoming a Community Health Worker Peer (CHWP) could help you
achieve your personal and professional goals?
Please share what personal, lived experience led you to be interested in helping others heal
from violent injury.

Short answers (2 sentences or more): *Please answer all questions and write legibly. If*

needed, you may use additional paper for your answer.

community? What growth do you hope to achieve in the area of violence prevention and				
s training? [Please be sure	e to respond to both	questions].		
		s training? [Please be sure to respond to both		

To submit your application for the CHWP Training Academy, please send in the following items:

- Completed CHWP Training application
- One (1) copy of your resume

Applications will be accepted between February 25- April 15, 2017

Please send the completed application packet either by email or by regular mail to:

The Center for Nonviolence and Social Justice
Community Health Worker Peer (CHWP) Training Academy
Attn.: Stefanie Wakeman, Project Manager
1505 Race St
6th floor, MS 1047
Philadelphia, Pa, 19102

Email: Stefanie.Wakeman@drexelmed.edu

If you have any questions, please contact:

• Stefanie Wakeman (<u>Stefanie.Wakeman@drexelmed.edu</u>) at 215.762.1170