



COMMUNITY HEALTH LEADER APPLICATION

DEADLINE TO APPLY: October 31, 2021

Applications can be sent by mail or email.

Mail to: Keres Community Health
2700 San Pedro Dr. NE
Albuquerque, NM 87110

Email to: JConcho@keresnm.com

COMMUNITY HEALTH LEADER: APPLICATION FORM

The **Smoke Free Signals** (SFS) program was established in 2015. Since then, SFS has provided commercial tobacco, secondhand smoke, and secondhand aerosol education and resources to New Mexico tribal communities, with a goal to improve health outcomes and eliminate exposure to secondhand smoke. Further, SFS developed the Community Health Leadership Program (CHLP) to assist health professionals, community members, and students design and implement a commercial tobacco free policy action plan tailored for their specific community and/or organization. Advocates generally focus their target on the protection of secondhand smoke, secondhand aerosol, and commercial tobacco education. Since the Program's inception in 2017, Community Health Leaders (CHLs) have represented the Pueblos of Acoma, Cochiti, Jemez, Kewa, Laguna, Picuris, Pojoaque, San Felipe, Taos, Zia, and the Navajo Nation.

As a **Community Health Leader** (CHL) you are responsible for establishing a connection with your tribe, community, or organization. CHLs must be available part-time for policy development and implementation from **date of acceptance through May 2022** (schedule may vary). CHL duties include (but not limited to): remaining in continuous contact with assigned SFS mentor (e.g. monthly check ins, project action items, deadlines, questions, changes, etc.), filling out milestone reimbursements for payment, and reaching out to SFS for technical support (e.g. educational content, brochures, incentives for communities, catering, etc.). **The SFS program is also offering CHLs a stipend reimbursement of \$2,500 which is distributed throughout the year.** Please note, responsibilities as a CHL are solely on the individual and it is their duty to seek guidance and assistance from SFS mentor when needed. Non-responsiveness to monthly phone calls, emails, and reimbursement requests will result in early release from the program.



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APPLICANT INFORMATION

This application must be completed in full to apply for a Community Health Leader position. Incomplete application will not be valid.

First Name: _____ **Last Name:** _____

Mailing Address: _____

City, State, and Zip Code: _____

Phone: _____ **Email:** _____

Please select what applies to you:

- I am applying as an individual.
- I am applying on behalf of a Tribal or Tribal-Serving Organization.

If you checked "I am applying on behalf of a Tribal or Tribal-Serving Organization," please fill out all spaces below:

Tribal-Serving Organization: _____

Organization Point of Contact: _____

Organization Address: _____

Work Phone: _____ **Cell Phone:** _____

Email: _____

Signature: _____ **Date:** _____



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REQUIRED QUESTIONS

Please answer the following questions. You may attach your answers on a separate sheet if you need more space.

Describe why community health is important to you:

How does secondhand smoke from commercial tobacco affect your community?

What do you think are the benefits of a commercial smokefree rule?

REFERENCE

Full Name: _____ **Title:** _____

Reference Relationship: _____

Cell Phone: _____ **Email:** _____