

Mississippi's Community Research Fellows Training Program Application Form

Thank you for your interest in the Community Research Fellows Training Program. The Mississippi State Department of Health's Office of Health Disparity Elimination is seeking dedicated community members in **Public Health District V (Hinds, Madison, Rankin, Yazoo, Issaquena, Sharkey, Copiah, Simpson, Claiborne, and Warren counties)** to participate in an evidenced-based public health training to address identified health disparities in your communities.

Please note: A completed application must include the following:

- ✓ **Community Research Fellows Training Program Application Form**
- ✓ **Resume**
- ✓ **2 Reference letters**

Name: _____

Organization/Affiliation: _____

Address: _____

Email Address: _____ Phone number: _____

What is your age? _____

Gender

- Male
- Female

Race/Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> White | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Asian/Pacific Islander | _____ |

Highest Level of Education:

- | | |
|---|---|
| <input type="checkbox"/> Elementary school | <input type="checkbox"/> Some college or Associate degree |
| <input type="checkbox"/> Junior high or some high school | <input type="checkbox"/> College degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Graduate Equivalency Diploma (GED) | |

Current Role:

- | | |
|---|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Healthcare worker |
| <input type="checkbox"/> Government | <input type="checkbox"/> Faith-based Organization |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Member |

1. Why are you interested in the Community Fellows Research Training program?

2. A. Have you ever participated in research before?

- Yes
- No

B. Have you ever conducted research before?

- Yes
- No

If yes, please specify:

3. Have you ever participated in community based participatory research initiatives?

- Yes
- No

If yes please specify:

4. Do you think it's important for community members to understand research?

- Yes
- No

If yes why?

5. Can you commit to a three-hour class, once a week, for 16 consecutive weeks?

- Yes
- No

6. When is the best time for you to attend the Community Research Fellows Training?

- Daytime on weekdays
- Evening time on weekdays

7. Does your employer support your participation in this class?

- Yes
- No

8. How do you plan to use the skills from this training?

9. What civic organizations/community based organizations are you involved in?

10. In your opinion, what are the top three areas of concern in Mississippi's minority communities?

- 1) _____
- 2) _____
- 3) _____

11. What health problem(s) are you interested in working on?

12. How would you use research to address that problem?

13. How did you hear about Mississippi's Community Research Fellows Training Program?

Email Website Newsletter Newspaper Flyer Other _____

I verify that I have completed this application to the best of my knowledge and have provided a resume and two reference letters.

Name (Print Please)

Signature

Date

Applications are due June 25, 2014

Please send the completed application with your resume and two reference letters to:

Candice Green, MPH

Mississippi State Department of Health
Office of Health Disparity Elimination
P.O. Box 1700, Jackson, MS 39215-1700
Phone: 601-206-1540
Fax: 601-957-6781

Or email

Candice.green@msdh.ms.gov