

COMMUNITY OUTREACH/EVENT REQUEST FORM

(Please Print)

Date: / /

CONTACT INFORMATION			
Last name:	Primary phone no.:	Alternate phone no.:	
First:	()	()	
Email Address:			
Best time(s) to reach you:		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Name of worksite, group, or agency you represent:		Phone no.:	
Address:		()	
P.O. Box:		City:	State:
		ZIP Code:	
EVENT NAME:			
DATE/DAY:			
Set-up Begins:		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Time of Event:		<input type="checkbox"/> AM <input type="checkbox"/> PM until <input type="checkbox"/> AM <input type="checkbox"/> PM	
EVENT LOCATION:			
City:		State:	ZIP Code:
TARGET AUDIENCE (check all that apply)			
<input type="checkbox"/> Infant-Preschool (0-5)	<input type="checkbox"/> Teen (14-17)	<input type="checkbox"/> All Ages/Families	
<input type="checkbox"/> Children (6-10)	<input type="checkbox"/> Adults (18-39)		
<input type="checkbox"/> Preteen (11-13)	<input type="checkbox"/> Adults/Seniors (40+)		
EVENT INFORMATION			
Is this the first year of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES , how is event being advertised?		If NO , how many years _____	
How many attendees are you anticipating? _____		How many participants in the past years? _____	
Is this event open to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ONSITE CONTACT INFORMATION (day of the event)			
Name:		Phone no.: ()	
INFORMATION REQUESTED (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Addictions/Alcohol/Drug Abuse <input type="checkbox"/> Aging <input type="checkbox"/> Cancer Programs <input type="checkbox"/> Children <input type="checkbox"/> Environmental Health (Well & Septic, Community Hygiene, Food Protection, Tanning Facilities Program) <input type="checkbox"/> Family Planning (birth control methods etc.)		<input type="checkbox"/> HIV-AIDS Prevention Materials & Screening Form <input type="checkbox"/> Immunizations (child, teen & adult) <input type="checkbox"/> Smoking Cessation/Clean Indoor Air Act <input type="checkbox"/> Teen Health <input type="checkbox"/> WIC <input type="checkbox"/> Emergency Preparedness/Readiness <input type="checkbox"/> Other (please list)	
**If you are requesting Healthy Howard for your event, please go to: www.healthyhowardmd.org/healthy-howard or call 410-988-3737 ext. 51			

Type of Program requested: Please check preference	
<input type="checkbox"/> Presentation	Short presentation about a health related topic conducted at your event, conducted by a Health Educator
<input type="checkbox"/> Staffed Booth	Table or interactive booth conducted at your location, staffed by a Health Department employee(s) to answer questions and distribute educational materials.
	<input type="checkbox"/> Check here if booth is being offered as part of larger health fair or event
<input type="checkbox"/> Other	Please explain:

Is Howie requested? – Healthy Mascot (check if yes)

Is the Healthmobile requested? Desired use: _____
 Is a 4-pronged outlet available

Are tables provided? (check for yes) Electricity provided? (check for yes)

Other Special Requests:

Are there other health programs being conducted at your site?	Date:	Time:

ADDITIONAL DETAILS

*Please note that the Howard County Health Department and its staff and contractors will *do their best* to accommodate your program, date, and time requests, however, this form does not signify a contract or confirmation for products or services from the Howard County Health Department.

PLEASE SUBMIT FORMS TO: askhealth@howardcountymd.gov via email or via fax to **410-313-5961**

For Program Use Only	OUTCOMES		
	Approved:	Date of initial contact:	Scheduled event: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date of event:	Time of event:
	Healthmobile	<input type="checkbox"/> Was Central Services contacted (through GLPI) for reservation/availability?	<input type="checkbox"/> Available (check if yes only)
	HCHD Employees Attending:	Name:	Bureau/Supervisor
	Number of people educated:		