



TRIBAL OR TRIBAL-SERVING ORGANIZATION APPLICATION

DEADLINE TO APPLY: September 30, 2020

Applications can be sent by mail, fax, or email.

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

Fax to: (505) 837-0575

Email to: smokefreesignals@gmail.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, Smoke Free Signals developed the Community Health Leadership Program (CHLP) and 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 acceptability of secondhand smoke, secondhand aerosol, and implementing some type of policy or rule to enact protections from secondhand smoke and secondhand aerosol. 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.

New this year, tribal or tribal-serving organizations are eligible to apply for CHLP funding. The organization's designated representative must be available part-time for policy development and implementation **October 2020 through June 2021** (schedule may vary). Individual CHL duties include (but not limited to), remaining in continuous contact with assigned SFS mentor (e.g. monthly check in phone calls, responsive to emails between monthly calls), 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 \$2500 which will be applied towards organization needs** (e.g. health fairs, wellness walks/runs, program supplies, etc.).

Non-responsiveness to monthly phone calls, emails, and reimbursement requests will result in early release from the program.



PERSONAL INFORMATION

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

Tribal-Serving Organization: _____

Organization Point of Contact Full Name: _____ **Date:** _____

Address: _____

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

Email: _____

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 smoke free rule?



REFERENCE

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

Full Name: _____ **Title:** _____

Reference Relationship: _____

Cell Phone: _____ **Email:** _____