

Education & Training

Degree(s), License(s), Certification(s) & Specialization	School or Agency	Year

Areas in which you would like to volunteer

1. Indicate those areas in which you would be willing to volunteer your time and expertise (check all that apply).

<input type="checkbox"/> Accounting/financial management	<input type="checkbox"/> Document review	<input type="checkbox"/> Training/educational programs for professionals
<input type="checkbox"/> Advisor to committees, task forces, work groups	<input type="checkbox"/> Evaluation and research	<input type="checkbox"/> Training/educational programs for the general public
<input type="checkbox"/> Conference/meeting/seminar/workshop presentations	<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Data collection/analysis	<input type="checkbox"/> Grant methodology	
	<input type="checkbox"/> Organizational development	
	<input type="checkbox"/> Program development	

2. In which ways can you provide technical assistance?

<input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Site Visit	<input type="checkbox"/> Subject expert for the media
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3. For special technical assistance assignments, OMHRC may need selected members of the RPN to travel. OMHRC will arrange for out-of-town travel.
 Would you be willing to travel?
 Yes No

What are your travel capabilities? Check all that apply.

 Local travel Out-of-town travel Overnight travel 2-3 nights travel

4. How did you hear about the Resource Center's Resource Persons Network?

<input type="checkbox"/> Broadcast Media (radio, television)	<input type="checkbox"/> OMHRC Website	<input type="checkbox"/> Referral by another RPN Member
<input type="checkbox"/> Conference	<input type="checkbox"/> Print media (magazines, newsletters, newspapers)	<input type="checkbox"/> RPN Brochure
		<input type="checkbox"/> Other _____

Experience with Specific Populations

For each of the populations listed below, please check those for which you have demonstrated experience (program development/outreach, research, etc.), and briefly describe your experience.

American Indian/Alaska Native

American Indian (specify) _____ Alaska Native (specify) _____
Dates Agency/Organization Describe your role and experience

Asian American

Chinese Filipino Japanese Korean Vietnamese Other Asian (specify) _____
Dates Agency/Organization Describe your role and experience

Black/African American

African (specify) _____ Caribbean Basin (specify) _____ Haitian
Dates Agency/Organization Describe your role and experience



Resource Persons Network Application

Connecting with Communities

Hispanic/Latino

Central American (specify) _____ Cuban American Mexican American Puerto Rican

South American (specify) _____ Other Hispanic/Latino (specify) _____

Dates Agency/Organization

Describe your role and experience

Native Hawaiian/other Pacific Islanders

American Samoa Native Hawaiian Other Pacific Islander (specify) _____

Dates Agency/Organization

Describe your role and experience

After completing this form online, please print and send it along with your curriculum vitae/resume to:

RPN Program Manager
P.O. Box 37337
Washington, D.C. 20013

or for special delivery send to:

RPN Program Manager
Office of Minority Health Resource Center
1101 Wootton Parkway Suite 650
Rockville, MD 20852