



LAY HEALTH EDUCATOR PROGRAM APPLICATION - FALL 2022

Contact Information

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Faith Community

Name of Congregation: _____

Faith/Denomination: _____

Address: _____

Name of Congregational Leader: _____ Phone: _____

From the list below, please select your congregation's average weekly attendance (pre-COVID):

- A) Under 100
- B) 100-150
- C) 151-300
- D) 301-500
- E) Over 500

Additional Information:

What roles or responsibilities have you held within your congregation? (e.g., experience leading or coordinating congregational ministries or programs)? _____

What organizational skills will you bring to the program? _____

Why are you interested in this program? _____

The Lay Health Educator Program will begin on **September 8 and will be held every Thursday through November 17 from 5:30 to 7:00 p.m. ET.** (Please note that there will be no class on October 6 or November 10 due to conflicting events.) These sessions will be held virtually via Zoom. The use of a camera is **REQUIRED**. Attendance at all sessions is encouraged; however, **you must attend at least eight of the nine sessions** to receive a certificate of participation.

In addition to this application, please include one letter of endorsement/pledge of support from your congregational leader. Please recognize that this is **NOT** a letter of recommendation but a pledge of support. The purpose of this letter is to show that your faith leader is supportive of your participation in this program, and will allow you the opportunity to share what you have learned from the Lay Health Educator Program with your congregation.

Once your application is reviewed, you will be contacted to schedule a 15-minute Zoom call. For more information, contact Kimberly Monson at kmonson1@jhmi.edu or call 410.550.1118.

Thank you for your interest in the Lay Health Educator Program at Johns Hopkins Bayview Medical Center.