# MOBILE COUNTY HEALTH DEPARTMENT
## Request for Outreach Participation

PLEASE COMPLETE EACH SECTION OF THIS QUESTIONNAIRE. ONCE COMPLETED, RETURN IT VIA EMAIL TO **MBRYANT@MCHD.ORG** OR VIA FACSIMILE TO 251-694-5014. IF YOU HAVE ANY QUESTIONS, CALL 251-690-8823. YOU WILL BE CONTACTED ONCE THE MCHD/ FAMILY HEALTH STAFF HAS REVIEWED YOUR REQUEST. DUE TO STAFFING ISSUES AND PRIOR ENGAGEMENTS, NOT ALL REQUESTS CAN BE FULFILLED.

| | |
|---|---|
| CONTACT'S NAME (PRINTED) | ORGANIZATION |
| CONTACT'S TELEPHONE | CONTACT'S EMAIL |
| DATE OF EVENT | START TIME/END TIME |
| NAME AND PHYSICAL LOCATION OF OUTREACH EVENT | |
| TARGET AUDIENCE | ESTIMATED NUMBER OF ATTENDEES |
| WILL TABLES AND CHAIRS BE SUPPLIED? | WILL A POWER SOURCE BE AVAILABLE? ☐YES ☐NO<br>EVENT: ☐INSIDE ☐OUTSIDE ☐COVERED |
| HOW MUCH EXHIBITION SPACE IS AVAILABLE FOR OUR STAFF? | IS THERE A FEE? |

**TYPE OF STAFF REQUESTED FROM MOBILE COUNTY HEALTH DEPARTMENT**

| | |
|---|---|
| **ADMINISTRATIVE SERVICES**<br>Provides information & services to employers and those seeking employment services with the agency. *(HIRING & JOB FAIRS ONLY - BY SPECIAL REQUEST)* | ☐HUMAN RESOURCES |
| **FAMILY HEALTH CLINICAL SERVICES**<br>Provides clinical, behavioral, and social services. | ☐BEHAVIORAL HEALTH ☐SOCIAL SERVICES<br>☐CLINICAL SERVICES: DENTAL SCREENINGS BLOOD PRESSURE CHECKS HEIGHT/WEIGHT CHECKS BMI<br>☐MOBILE MEDICAL UNIT (WELLNESS VAN). *(SOME LAB SERVICES AVAILABLE UPON REQUEST)*<br>☐NUTRITION SERVICES<br>☐RYAN WHITE PROGRAM/HIV/AIDS |
| **PREVENTION & WELLNESS**<br>The traditional arm of the health department that serves to educate the community on preventive services. Outreach educators provide education, facilitation, resources, and services. | ☐COMMUNITY PREVENTION PROGRAMS<br>○ TOBACCO EDUCATION ○LEAD POISONING PREVENTION ○HEALTHY START ENHANCED<br>☐○MATERNAL & CHILD HEALTH ○COMMUNITY HEALTH WORKER ○TEEN PREGNANCY PREVENTION<br>☐○FATHERHOOD INITIATIVE<br>☐DISEASE INTERVENTION (STD/STI)<br>○TESTING ○VACCINES ○EDUCATION<br>☐EMERGENCY PREPAREDNESS<br>☐ENVIRONMENTAL SERVICES<br>○INSPECTION SERVICES ○ONSITE ○VECTOR ○CANNON TEAM<br>☐HEALTHY COMMUNITIES<br>☐OVERDOSE PREVENTION<br>☐WIC |
| **ADDITIONAL MCHD PARTICIPATION** | ☐OTHER MCHD DEPARTMENT: |

WILL YOU BE PROVIDING A COMMUNITY FLYER? ☐ YES ☐NO

DO YOU REQUEST THAT THE OFFICIAL MCHD LOGO IS ATTACHED? ☐ YES ☐NO

IF REQUESTING A LOGO, PLEASE COMPLETE THE ATTACHED FORM (MCHD-GD-002 LOGO REQUEST-USAGE GUIDELINES).