



## 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 FAMILY HEALTH/MCHD STAFF HAS REVIEWED YOUR REQUEST. BECAUSE OF 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?
HOW MUCH EXHIBITION SPACE IS AVAILABLE FOR OUR STAFF?	IS THERE A FEE?
TYPE OF STAFF REQUESTED FROM FAMILY HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> PEDIATRICS <input type="checkbox"/> IMMUNIZATIONS <input type="checkbox"/> OPTOMETRY <input type="checkbox"/> WOMEN'S HEALTH <input type="checkbox"/> MOBILE MEDICAL UNIT	
TYPE OF STAFF REQUESTED FROM MOBILE COUNTY HEALTH DEPARTMENT <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> NUTRITION/WIC <input type="checkbox"/> INSPECTION SERVICES <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> STD <input type="checkbox"/> SOCIAL SERVICES <input type="checkbox"/> VECTOR CONTROL SERVICES <input type="checkbox"/> EMERGENCY PREPAREDNESS <input type="checkbox"/> COMMUNITY PREVENTION PROGRAMS (TOBACCO CESSATION, TEEN PREGNANCY PREVENTION, THE FATHERHOOD INITIATIVE OR HEALTH EDUCATION)	
ANY SPECIAL REQUESTS?	