



Community Health Navigators Application

Eligible candidates must meet the minimum requirements and submit an application by the respective period deadline. Please name your document as follows: "Last Name_First Name_CHN position" and send the completed application as well as any questions or concerns to: .

A. General Information

Full Name:

School:

Program/Degree:

Major/Concentration:

Anticipated Graduation Date:

VNMAP Membership: Yes No

of Years in VNMAP:

Contact information:

Phone

Email

B. Community volunteer and Leadership experience

Please provide a brief description on 2-3 previous volunteering or leadership experiences, and explain how they will help you to succeed in your role as VNMAP's community health navigators: Please include the duration, your responsibilities, and your accomplishments (100 words each)

Event/Project #1:

Event/Project #2:

Event/Project #3: