

Health Equity and Social Justice Workshop

Application Form for Community Members (Non-ICHD Employees)

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ PHONE: _____

Thank you for applying to participate in Phase 1 of the Social Justice and Health Equity Workshops. This project is part of a national effort to improve community health through the concepts of social justice and health equity. In the course of the four-day workshop (an initial two-day session followed by a second two-day session a few weeks later), you will engage in learning and dialogue with 20 people who work in public health or who have an interest in improving public health through social justice. The sessions will deal with such topics as:

- cultural identity and multicultural self-awareness
- perspectives on oppression and privilege
- the historical role that public health has played in promoting social change, and
- how all of these things affect our efforts to improve the health of our community.

Each workshop will include at least 5 participants (and in some cases, more) who are not part of the public health work force. Any community member with an interest in learning about health equity and social justice is welcome to apply. Participation is free, and contingent upon acceptance and a commitment by the applicant to attend all four days for which they are accepted. The sessions will include research data and other information related to health equity and social justice; however, these will largely be used as triggers for dialogue. All participants will be encouraged to share their experience and feelings as authentically as they can, in a non-judgmental, facilitated, cooperative learning environment.

Phase 1 Workshop Options. There are six workshop options for Phase 1 of the project. Please be aware that you are applying for four specific dates; it is important to keep the training groups the same for all four days. If you are available for more than one of the options below, feel free to check more than one, and we will let you know for which dates you have been accepted. Feel free to call Doak Bloss at 887-4503 if you have any questions.

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| <input type="checkbox"/> April 6 - 7 and May 11 - 12 | <input type="checkbox"/> April 16 - 17 and May 21 - 22 |
| <input type="checkbox"/> April 23 - 24 and May 28 - 29 | <input type="checkbox"/> June 8 - 9 and July 13 - 14 |
| <input type="checkbox"/> June 18 - 19 and July 23 & 24 | <input type="checkbox"/> June 25 - 26 and August 6 & 7 |

Please also fill out the "Information About You" section on the following page.

Information about you. Again, to help us assure the diversity of each workshop group, please let us know the following information about you. All items are OPTIONAL. For items relating to your cultural identity (such as race, ethnicity, or gender), please use whatever terms that you are personally comfortable using to identify yourself.

PLACE OF EMPLOYMENT (if employed): _____

JOB TITLE (if employed): _____

ANY OTHER COMMUNITY AFFILIATIONS (organizations you are part of):

RACE: _____ ETHNICITY: _____

GENDER: _____ AGE: _____ OTHER ASPECTS OF YOUR

CULTURAL IDENTITY THAT YOU'D LIKE TO SHARE (examples: religion, sexual orientation, ability, national origin, language, etc.) _____

Briefly, why are you interested in participating in a workshop on health equity and social justice? (Examples: to deepen my personal understanding of the issues; to become a better advocate for justice; professional development, etc.) Again, this is optional, and there are no wrong answers!

Applicant Signature: _____ Date: _____

Return form to:

Doak Bloss

Ingham County Health Department

5303 South Cedar

Lansing, Michigan 48909

Email: dbloss@ingham.org Fax: 517 887-4310

Thank you! We will be in touch.

Feel free to call Doak Bloss at 887-4503 if you need to change your application status.