



MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO. 1

1540 WEST PARK AVE., TINTON FALLS, NJ 07724

www.mcrhc.org

COMMUNITY HEALTH EDUCATION REQUEST FORM **Requests must be made at least 30 days prior to the date of event.**

To effectively plan and maximize the capacity of MCRHC staff and resources, those requesting health education and outreach are strongly encouraged to follow these guidelines when making a request:

- Request education and outreach at least thirty (30) days in advance of the planned event date.
- Maintain regular communication with MCRHC staff during the event planning process.
- Ensure that there will be sufficient participation for event.
- Provide a location appropriate for those in attendance to participate and concentrate. The location should accommodate anticipated attendees, including those with disabilities.
- Allow the MCRHC the opportunity to evaluate the program.

We look forward to working with you to provide a program that will meet your needs.

Thank you for your request.

Please note, if you are requesting only information (brochures, fact sheets, etc.) on a specific topic, please call 732-493-9520 x 109 or email emccreesh@mcrhc.org.



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 Requests must be made at least 30 days prior to the date of event.

Requesting Agency/Organization Name:		
Contact Person Name:		
Email:	Phone:	
Topic/Event Name:	Expected Number of People Attending Event:	
Event Location/Address:		
Is Event <input type="checkbox"/> Indoors or <input type="checkbox"/> Outdoors?		
Please provide a brief description of the people expected to attend event:		
What health education service would you like MCRHC to provide? (Mark all that apply) <input type="checkbox"/> Representation and provide information at health fair or health fair like event <input type="checkbox"/> Presentation on a specific topic <input type="checkbox"/> Other (please specify):		
List the information you would like presented/provided at the event:		
Date Preferred/Requested: / /20_____	Second Choice Date: / /20_____	
Start Time:	End Time:	Will a table be supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No
What presentation equipment will be provided/available? <input type="checkbox"/> Computer <input type="checkbox"/> Projector <input type="checkbox"/> Microphone <input type="checkbox"/> Electrical access <input type="checkbox"/> Internet/Wifi		

MCRHC will strive to honor as many requests as possible. However, we cannot guarantee that all requests will be accepted, as we are limited by previously scheduled events and/or the availability of our health educator and staff.

Please fax this completed request form back to 732-493-9521 or email it to cpolonsky@mcrhc.org.

For Staff Use Only

Received on/by:	Acknowledged on/by:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
If denied, reason:		