

# Health Education Outreach Program Request Form

Please return this completed form to Health Education Outreach,  
Student Services Center, 757 College Way Suite 1300

Please use one form per program.

## ***Contact Information:***

Name of contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

College: Pomona Pitzer HMC CMC Scripps CGU Keck Other All

Address (box # and residence hall): \_\_\_\_\_

Email address: \_\_\_\_\_

## ***Program Information:***

Program request: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Expected number of attendees: \_\_\_\_\_

### ***For office use only***

*Wellness Program tracking form:*

Programming     Outreach     Research Assistance     Entered

#### **Content of program/topics:**

(check all that apply)

- \_\_\_ General Wellness
- \_\_\_ Sexual Health
- \_\_\_ Chemical Health
- \_\_\_ Social and Emotional Health
- \_\_\_ Nutrition
- \_\_\_ Emergency Preparedness
- \_\_\_ Chronic Disease Management
- \_\_\_ Special Populations

#### **Type of Program:**

(check all that apply)

- \_\_\_ HEO-led
- \_\_\_ Outreach Program/Activity
- \_\_\_ Take Out Program
- \_\_\_ Diverse Population
- \_\_\_ Co-sponsored
- \_\_\_ T.S.H.P.\*
  - \_\_\_ Bulletin Board
  - \_\_\_ Programming assistance
  - \_\_\_ Other

Name of program: \_\_\_\_\_ Location: \_\_\_\_\_

Number in attendance: \_\_\_\_\_ Office representative: \_\_\_\_\_

Date of program: \_\_\_\_\_ NCHA Data? (Y/N): \_\_\_\_\_

Handout/Resources: \_\_\_\_\_

Comments: \_\_\_\_\_

\*Technically Supported Health Programming (independently implemented)