



Partner Information Form

Name: _____

Organization: _____

Work Address: _____

City, State Zip: _____

Work phone: _____

Fax: _____

E-mail: _____

Profession/Occupation: _____

ORGANIZATION MISSION:

I WOULD LIKE TO ASSIST WITH THE FOLLOWING:

- Sustainability
- Program

- Evaluation
- Curriculum

I HAVE EXPERIENCE/SKILLS IN THE FOLLOWING:

- Project Development
- Partnership Development
- Public Relations/Advertising
- Health Advocacy
- Website Development
- Leadership Development
- Social Action
- Community Outreach
- Public Health Law

- Mental Health
- Workforce Development
- Student Mentoring
- Training
- Public Health
- Kids Into Health Careers
- Other _____
- Other _____
- Other _____

ACTIVITIES IN WHICH YOU WOULD LIKE TO SEE THE MAPHTC PARTICIPATE:

MY TIME IS LIMITED, BUT I AM ABLE TO MEET

- Once every two weeks
- Once a month
- Once every three months
- Once a year

Please list the names of people/organizations that you feel might be interested in working with the MAPHTC:

Please email this form to MAPHTC@jhsph.edu.

Thank you.