



Sisters Mentally Mobilized

Mind Care. Heart Care. Soul Care

A project of the California Black Women's Health Project

Greetings sister,

We are thrilled you have decided to take the first step in joining the Sisters Mentally Mobilized movement by submitting your application! This is an opportunity for us to know more about you, your interests, and how we can support you along this journey.

You may complete your application online at <https://www.cabwhp.org/sisters-mentally-mobilized.html>, or complete it and return it to us via mail or email **before Wednesday, September 26, 2018.** Please feel free to reach out to us with any questions or concerns you may have in the meantime.

After we have received and reviewed your application, we will contact you to schedule a phone interview. We want to make sure this is the right fit for you at this time in your life.

Thank you for taking the time to complete this application! We look forward to reading it, and getting to know you!

In love & support,

Your sisters at the California Black Women's Health Project

GETTING TO KNOW YOU

Name: _____

Address: _____

City: _____ Zip Code: _____

Primary phone #: _____ Alt. phone #: _____

Email: _____

Age: _____ Gender: _____

WHAT INTERESTS YOU?

Please list any volunteer and life experiences that speak to your interests around mental health.

TELL US MORE ABOUT YOU

Answer each question below in brief essay format as an attachment. Provide your full name on each page, restate the essay question and begin each essay on a separate page. No more than 500 words is needed per answer.

- A. What are the most pressing mental health issues in your community?
- B. What do you want to gain from participating in Sisters Mentally Mobilized?



YOUR AVAILABILITY

What times are more convenient for you to attend class (check all that apply)?

Weekday Evenings Weekends

HOW ARE YOU SPENDING YOUR TIME?

Please attach a current copy of your resume.

Employer: _____

Title: _____

Address: _____

City: _____ Zip Code _____

Phone #: _____

Email: _____

YOUR EDUCATION

I am currently enrolled in school as a student: Yes No

If yes, Name of School or University:

Major and Year:



YOUR SUPPORT SYSTEM

Please attach a recommendation as a part of your application. The recommendation can be a paragraph, letter or video from a family member, friend or colleague that is familiar with your commitment to mental health or other relevant issues in which you are involved.

Name: _____

Title/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____

Email Address: _____

Relationship to Applicant: _____

YOUR COMMITMENT TO THE MOVEMENT

By submitting the application, I am committing to (Please check each box that applies):

- Ensuring the application and information contained herein is true and accurate.
- Completing the program in its entirety and continuing to participate in the movement through sister circles.
- Informing CABWHP if circumstances beyond my control impact my ability to engage in the program as soon as possible so that CABWHP can determine if I should participate at a later time.

Name of Applicant (please print)



Signature of Applicant

Date

Please return this form to Dana Sherrod, Program Manager and Natalie Champion, Senior Program Coordinator by email at dana@cabwhp.org and natalie@cabwhp.org, or mail at 9800 S. La Cienega Blvd., Suite 905, Inglewood, CA 90301.

For additional questions, please call or email Dana Sherrod or Natalie Champion at (310)412-1828.

