



**EMPOWERING  
THE MASSES**  
ONE PERSON AT A TIME

# Empowering the Masses

## Community Health Worker Application

### Applicant Information

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I live in one of the following zip codes; **75215, 75210, or 75216**, can provide supporting documentation, and am interested in applying for scholarship funding.

YES  NO

### Health Questionnaire – (to be completed by applicant)

Do you have any physical limitations which would affect your ability to lift, turn, or transfer patients? YES  NO

Do you have any limitations in use of your senses, such as in sight or hearing, which would limit your ability to practice a health profession? YES  NO

Do you have any other condition which might interfere with your ability to practice as a health professional? YES  NO

If you have answered “yes” to any of the above, please explain your limitations in detail below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information provided by me is complete and accurate. I give ETM permission to submit my personal information, this includes criminal background and drug screening results to any potential employer in which I seek to gain employment while I am a student at ETM.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



## STUDENT CHECKLIST

*Empowering the Masses Community Health Worker Program*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am submitting a complete application packet for the next available class. I used the checklist to double check my packet and have signed all necessary forms. **Submit in 9 x 12 envelope.**

**Reminder:** *CLEAR COPIES* of documentation only. Do not submit original documents.

\_\_\_\_\_ Community Health Worker Application

\_\_\_\_\_ Statement of Student Responsibility

\_\_\_\_\_ High School Diploma or GED

\_\_\_\_\_ A valid non-expired U.S. or State Govt. Issued Identification

\_\_\_\_\_ Student Responsibility Contract

**For Office Use Only:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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## GENERAL COURSE INFORMATION

### ***What do Community Health Workers do?***

Community Health Workers improve the individual and community health and access to care. They forge connections where people live, learn, work, play, pray, and age, from inner city to rural communities.

### ***What classes do I have to take?***

- Financial Literacy
- Community Health Worker lecture (160 hours) and 40 hours of community experience

### ***When is it offered/when does it start?***

See schedule for dates and times. Schedule may be viewed online at:  
[empoweringthemas.org](http://empoweringthemas.org)

### ***How much will I earn?***

\$12-28 per hour, wages will increase with experience.

### ***Am I certified when I finish the courses?***

You will earn a Community Health Worker Certification with a focus on Community Education, CPR Certification, and Mental Health First Aid Certification.

### ***Where are the classes held?***

- Online
- Hands-on: hands-on site and times vary from semester to semester. Students are responsible for their own transportation.

This information packet contains specific application guidelines and requirements. By submitting an application packet, an individual verifies that they have (1) read the packet thoroughly, (2) obtained all necessary documents, and (3) understood the policies and procedures for application and acceptance to COMMUNITY HEALTH WORKER program.



**Application packets with incomplete materials will be disqualified.**

The Community Health Worker application materials must be submitted in a 9x12 inch envelope and include the following documentation to be considered.

***What do I need to submit for application consideration?***

**1. Community Health Worker Application**

**Information Sessions**

Information sessions will be held virtually.

**2. ALL students accepted to the Community Health Worker Program MUST achieve specialized admissions requirements, including a high school diploma or GED.**

**3. Identification**

A Valid (non-expired) U.S. or state government-issued photo I.D. (i.e. passport, driver's license, state identification card)

**4. Statement of Student Responsibility**

**5. Student Responsibility Contract**

**6. Student Checklist**

Submit a complete packet to Empowering the Masses via email to [info@empoweringthemas.org](mailto:info@empoweringthemas.org) or [awhitefield@empoweringthemas.org](mailto:awhitefield@empoweringthemas.org). Email or hand deliver complete application packet in a 9x12 envelope. All in person submittals will require an appointment. Students are advised to retain a photocopy of all materials submitted. There are no deadlines for submitting an application; students are approved on a first-come, first served basis with complete packets. Once the class is full, students will be added to a waiting list.

***How do I know if my application packet was approved?***

You will receive an email informing you of your approval and registration instructions and deadline from our Intake Specialist.



**EMPOWERING  
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If you are approved for registration, a valid email address is required. Once you have received registration approval, you will be responsible for the following items:

**TUITION** – *Tuition must be paid in full at the time of registration.*

**TEXTBOOK** – Foundations for Community Health Workers by Tim Berthold, 2<sup>nd</sup> Edition

ISBN-13: 978-1119060819

ISBN-10: 1119060818



## ***Statement of Student's Responsibility***

Review and initial each section as verification that you have read and understand this information:

\_\_\_\_\_ I acknowledge that this information packet contains policies, regulations, and procedures, existence at the time of this publication went to press. I also acknowledge that Empowering the Masses reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student or faculty member and Empowering the Masses.

\_\_\_\_\_ I accept full responsibility for submitting a complete application packet and understand incomplete materials include missing or incomplete forms, immunizations records, and CPR certification will disqualify my application. I also accept the responsibility of informing Empowering the Masses of any change in my status, address, telephone, or other information that would affect my application status.

\_\_\_\_\_ I understand that if accepted to Empowering the Masses Phlebotomy Program, all forms, immunization records, etc. submitted with my packet becomes the property of Empowering the Masses and will not be returned nor photocopied for me. Therefore, I am responsible for keeping my own photocopies of these documents before I submit them with program application packet materials. I also authorize the release of these records to any of my clinical sites which may require them.

\_\_\_\_\_ I acknowledge that I must comply with class and clinical requirements, if I am absent from clinical for physical or mental illness, surgery or pregnancy reasons, I must present a written release from a physician before being allowed to return to the clinical setting.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## ***Student Responsibility Contract***

### **Parties**

This STUDENT RESPONSIBILITY CONTRACT (“Contract”), made as of June 21, 2021, is by and between \_\_\_\_\_ (“Student”) and \_\_\_\_\_ of Empowering the Masses (“Assigned Instructor”).

In consideration of the mutual promises and covenants in this Contract, of which the receipt and sufficiency are hereby acknowledged, the Parties further agree to the terms as follows:

The purpose of this Contract is to improve the Student’s academic performance and behavior during the Phlebotomy Course to help the Student reach their academic potential. The Assigned Instructor shall formulate and assign learning and behavioral activities for the Student.

### **Terms and Conditions**

#### **TERM.**

This Contract shall be effective starting July 13, 2021, until September 23, 2021, which encompasses the eleven (11) week program term.

#### **Instructor’s Responsibilities.**

Aside from formulating the activities for the Student, the Assigned Instructor shall also be responsible for the following:

- Determine the knowledge level of the Learning Student;
- Monitor the Learning Student’s progress with diligence and patience; and
- Make shared evaluations with the Learning Student regarding the academic and behavioral progress and/or improvements of the Learning Student.
- Inform the students of opportunities available in the community upon successful completion of the training program.

#### **Student’s Responsibilities.**

The Student shall be responsible for the following:

- Procure and submit all documents for the Assigned Instructor to have sufficient knowledge about what the learner needs;
- Maintain punctual and reliable attendance to classes, with the exception of only two classes missed per academic session and;
- Successfully deliver all learning activities agreed on this Contract with utmost diligence.
- Pay all applicable tuition and fees associated with the program if not covered by scholarship and/or TWC funding.



## EMPOWERING THE MASSES

ONE PERSON AT A TIME

- Obtain CPR training and certification from an American Heart Association (AHA) approved provider.

### Class Schedule.

6:30 pm – 8:30 pm Hybrid Schedule, Tuesdays & Thursdays (2 hours, 2 days a week, 4 hours weekly)  
Community Experience hours (in-person) are TBD each session by instructor.

Start Date: \_\_\_\_\_ Last Class Day: \_\_\_\_\_

### Tuition, Other Fees, Total Cost.

- The course cost is \$500.00. If you do not qualify for the scholarship, we will refer you to the Texas Workforce Commission for possible funding.
- CPR training and certification required for completion of the course can be purchased as low as \$45.00 through the American Heart Association. *This is not covered by the scholarship or TWC.*
- Mental Health First Aid Certification, price varies. *This is not covered by the scholarship or TWC.*

### Cancellation/Refund Policy.

- If the school closes, cancels or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees.
- Students are requested to notify the Student Liaison, or Program Director if they are withdrawing from the course or program for any reason. The student is required to provide *written notification* of cancellation or withdrawal from the course.
- Refunds are based on the *last date of attendance*. The last date of attendance is the last date the student attended scheduled instruction.
- All refunds due will be paid *within 14 days* after the student request the refund.
- All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the enrolled course within *seven calendar days after having signed the enrollment contract*.
- If a student requests a refund *after attending 6 hours or less* the student is eligible for a 100% refund.
- If the student requests a refund *after attending more than 6 hours but less than 12 hours* of the enrolled course the student is eligible for a 30% refund.
- If the student requests a refund *after attending 12 or more hours* of the enrolled course the student is not eligible for a refund.
- In the case of an official leave of absence, if a student *fails to return to training by the end of the leave of absence*, the amount of refund shall be based on the last date of attendance guidelines.



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**Assignment.**

This Contract shall not be assigned to any third party unless consented by all parties and authorized by the foundation.

**Entire Agreement.**

This Contract bears the entire agreement of the parties regarding the purpose and its subject matter and supersedes any previous oral or written arrangements between the parties.

**Governing Law.**

This Contract shall be interpreted and governed by the state laws of Texas.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_