



Community Health Worker Outreach Event Request Form

Name of Department or Organization:		Contact Person Name:	Contact Number:	Email:
Event Title:		Event Address:		
Date:	Start Time of Event:	End Time of Event:	Set up Time Choose an item	
Event Purpose:				
Number of People Expected:	Target Audience Primary Language(s) Spoken (English, Spanish, French, etc.)			

<input type="checkbox"/> This request is for a recurring event.
Frequency:
Day(s) of the week:

How will this event be held?

Will table and chairs be supplied?

Yes

No

Thank you for your interest in partnering with the Prince George's County Health Department for your next upcoming event. Please complete and return your request via email to [CHWSupport@co.pg.md.us](mailto:CHWSupport@co.pg.md.us). A representative will be in contact with you as soon as possible.

Please note that this form is for notification purposes only. All request will be reviewed once received. Our availability to honor your request is based on the date, target audience and staffing personnel.