Program Request Form

Granville Vance Public Health is happy to offer health education, training, and services to community groups and organizations. If you have a special program request, please provide information below so that we may assist you.
Please **submit your request at least a month (30 days) in advance** to allow appropriate time for scheduling and
planning for your event.

**Date of request submission: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please enter phone number as 555-555-5555

**Sponsoring Organization/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­ \_\_\_ School Class**

 **\_\_\_ Church Group**

**\_\_\_ Community Organized Group**

**Audience includes:**

**\_\_\_ Children**

**\_\_\_ Teens**

**\_\_\_ Adults**

**\_\_\_ Men**

**\_\_\_ Women**

**\_\_\_ Transgender**

**Size of Audience: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where will the program be held? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please include address

**Computer/Projector available:**

**\_\_\_ Yes**

 **\_\_\_ No**

**Will table and chairs be provided?**

**\_\_\_ Yes**

 **\_\_\_ No**

**Indicate 1st choice of program date and time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indicate 2nd choice of program date and time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Topic of Program (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Objectives\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please choose program format:**

 **\_\_\_ Classroom**

 **\_\_\_ Roundtable discussion**

 **\_\_\_ Tabling event**

 **\_\_\_ Other**

**If other please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**List any additional requirements needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please be sure to complete the Policy Change Form below
to be submitted with program request form.***

*The staff of the Health Education and Health Promotion team of Granville Vance Public Health will strive to honor as many requests as possible. However, we cannot guarantee that all requests will be accepted, as we are limited by previously scheduled events and the availability of staff. If we are unable to attend your event, but you would like information or brochures regarding our services to distribute at the event yourself, please call the Tyisha Terry at
 (252) 492-7915. We will acknowledge and give a final decision on your request within five (5) business days.*

Lisa Macon Harrison

Health Director BSPH | MPH

**Congratulations on wanting to live healthier!**

At your upcoming event, you have requested health education services.

**Don’t let your momentum stop there!**

In exchange for literature and a Health Educator at your event, we request that your group, organization, agency, or church make a policy change related to promoting a healthy lifestyle

**Simply put – write a rule to do something healthy!**

Making changes can be difficult, especially concerning lifelong behaviors; help yourself and those around you change by creating an environment that makes it easy for them.

Here are some general guidelines and possible examples

**Guidelines**

* **Pick an achievable goal.** We want you to succeed.
* **Start small.** Even small changes can make big differences. Also, you can always build upon your agreed upon policy at a later date.
* Add to your current healthy policies by **picking a new goal** or resurrecting one that has fallen by the wayside.
* **Include members in the decision-making.** This will help you pick a goal that will be supported.

**Examples** (You need only pick one!)

If these suggestions do not meet your needs, we will be delighted to work with you on alternative options.

* Encourage members to bike or walk to the store
* Provide a 5-10 min “wiggle break” during all services or meetings that last more than 1 hour
* Incorporate discussion of healthful habits during meetings or functions at least 6x per year
* Offer at least 1 fresh fruit or vegetable at every meeting or function where food is served
* Offer water at every meeting or function where drinks are served
* Offer at least one low salt or low fat entrée at every meeting or function where food is served
* Offer fruit as an alternative dessert item (should have no sugar added & be low fat)
* Establish a health committee

When your group, organization, agency, or church has decided what to do, call the Health Educator
at 919-693-2141 or 252-492-7915

We will help you develop a policy according to your wishes.

**We look forward to working with you on promoting health!**

# Granville County

101 Hunt Drive

Oxford, NC 27565

919.693.2141

*Your Environment. Your Community. Your Health.*

Granville Vance Public Health PO Box 367

Oxford, NC 27567

[www.gvph.org](http://www.gvph.org/)

DBA Granville-Vance District Health Department

# Vance County

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Henderson, NC 27536

252.492.7915