Community Health Outreach Education Request Form



Thank you for your interest in providing health education in our community! We will carefully consider each request, but priority is given to those organizations which will help us reach our strategic goals towards creating a healthier and informed Tarrant County. Please do not publicize our participation in your event until you have received confirmation from our office. For more information, please contact Pam Solomon (817) 753-0909 or Argette Watson (682) 267-9915.

Public Health

WE ASK THAT YOUR REQUEST BE MADE AT LEAST 7-10 BUSINESS DAYS PRIOR TO THE EVENT

Date of request:	EVENT Date:				EVENT Time:					
Requesting Organization:										
Event Address:				City:			Zip:			
Contact Person:					Title:					
Email:			Phone:			Fax:				
SERVICE REQUESTED (Select all that apply):										
Education Table										
Adult Safety Net Vaccines Education			Vaccines for Children Education							
MPOX Education			COVID Education							
Presentations										
MPOX Basics Presentation			COVID Presentation							
Type of Event:										
Presentation Informati			on Tab	able Health Fair						
Would you like your event flyers be distributed?										
Yes No	Yes No Number of fly			rers provided: 000 maximum)						
PLEASE PROVIDE GENERAL INFORMATION ABOUT THOSE WHO WILL BE RECEIVING SERVICES:										
Expected Attendance (Number): La		Language	e(s): English Spani			Spanish	h Other:			
What gender would most of the attendees would identify as? (if applicable): Male Female Non-Binary										
7 tillodi i 7 tillollodi i			can Indian or Alaskan Native Hispanic/Latino sian/White Other (please list)							
ADDITIONAL EVENT INFORMA	ATION:									
Number of times event has taken place:				N	umber of p	people se	rved:			
Event will be held:	Meal Provided:			P	Parking/Security Pass neede					
Indoors Outdoors	Yes No				<u>-</u>			Yes	No	
Equipment Provided: Wi-Fi Electrical Outlets LCD Projector										
Any additional information:										