



Compostela Community & Family Cultural Institute
 520B Camino de la Placitas, Taos, NM 87571
 P.O. Box 807, Arroyo Seco, NM, 87514
 (575) 758-7253; FAX: (575)-758-2643

COMMUNITY HEALTH WORKER TRAINING REGISTRATION

MARCH 3RD THRU MARCH 6TH, 2026

APRIL 7TH THRU APRIL 10TH 2026

MAY 4TH THRU May 8th, 2026

DATE: _____

FIRST NAME: _____ LAST NAME: _____

CONTACT INFORMATION FOR TRAINEE:

TELEPHONE: _____ ADDRESS: _____

EMAIL: _____

PERSONAL INFORMATION:

DATE OF BIRTH: ____/____/____

IDENTIFIES AS:

RACE: ____ . ETHNICITY: ____ . GENDER: _____

EDUCATION:

HIGH SCHOOL DIPLOMA/HSE/GED: ____ . LAST GRADE COMPLETED: _____

REASON FOR WITHDRAWING FROM HIGH SCHOOL: _____

COLLEGE: ____ . DEGREE: _____

SOME COLLEGE: ____ AREA OF STUDY: _____

TRADE SKILL CERTIFICATIONS: _____

FIANCIAL:

HAVE YOU APPLIED FOR FINANCIAL ASSISTANCE?

FASFA: ____ WIOA: ____ OTHER: _____

Compostela Community & Family Cultural Institute

EMPLOYMENT:

CURRENT EMPLOYMENT/JOB: _____ UNEMPLOYED: _____

LAST JOB: BRIEF DESCRIPTION: _____

LIST SPECIFIC SKILLS: _____

CERTIFICATE PROGRAMS/ANTICIPATED DATE OF COMPLETION: _____

ELECTICAL: _____

PLUMBING: _____

PIPFITTERS: _____

HEALTHCARE: _____

WELDING: _____

OTHER: _____

PLEASE PROVIDE IN SHORT DETAIL HOW YOUR SKILLS WOULD ASSIST YOU IN MANAGING A TRAINING PROGRAM AND WHAT PARTICULAR CHALLENGES YOU FEEL YOU MIGHT ENCOUNTER AND HOW CAN WE/CCFCI HELP YOU.

By signing this form, I consent to participating in the CCFCI Workforce Development programs and give my permission to add this information, when approved and required, for reporting purposes to the U.S. Economic Development Administration and the Census Bureau as required and appropriated. CCFCI staff respect your privacy and we are HIPAA compliant and follow confidentiality regulations.

This information is used for data collection purposes only. The information provided will not be used or shared with any other entity for any purpose.

Signature

Date

Print Name