



**Lay Health Advisor Information Form**

**Name:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Do you use email?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**If yes, what is your email address?**

\_\_\_\_\_

**What is your project idea?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What types of supplies are needed for your project, and how much do they cost?**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Potential Lay Health Advisors may call Kate Parker, PACE Project Manager at 504-988-7778 with questions about this opportunity.**

**Who would participate in your project?**

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**Why is your project needed in this neighborhood?**

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**What type of work or volunteer experience do you have that will help prepare you to make sure your project is successful?**

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