

Matter of Balance: Managing Concerns About Falls
Coach Application

Date: _____ **Birthday (month & day):** _____

Name: _____

Address: _____

Phone: _____ **E-mail:** _____

Best way to contact me: _____

Emergency Contact Name: _____

Phone: _____

Gender: female male

Age group: Less than 50 yrs 50-54 yrs 55-59 yrs
 60- 64 yrs 65 – 69 yrs 70 – 74 yrs
 75 – 79 yrs 80 – 85 yrs Over 85 yrs

Education:

- | | |
|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school graduate |
| <input type="checkbox"/> Some college or vocational school | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Some graduate school | <input type="checkbox"/> Graduate school |

Occupation or life experience: _____

Hobbies and activities enjoyed: _____

Other volunteer experiences: _____

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Do you speak more than one language? Yes No

If yes, what language(s): _____

Do you have transportation? Yes No

How did you hear about a Matter of Balance?

Flyer Newspaper Word of mouth Presentation

Other _____

Why are you interested in becoming a Matter of Balance coach?

My Basic Availability:

I would be available for sessions held:

- Monday + Wednesday Tuesday + Thursday
 Wednesday + Friday

Best time of day: (2 hour sessions)

- Mornings Afternoons
 Not sure- please call me when you are scheduling a class

Send application to:

Nicole R. Smith, MPH
Community Health Specialist
York City Bureau of Health
101 South George St., PO Box 509
York, PA 17405
Email: NSmith@yorkcity.org