



ALPHA ETA CHAPTER, INCORPORATED  
 CHI ETA PHI SORORITY, INCORPORATED®  
 "Professional Nursing Organization"  
[www.alpha-chietaphi.org](http://www.alpha-chietaphi.org)

## COMMUNITY SERVICE REQUEST

### Directions for submitting a request for community health and wellness support

1. Complete a **Community Service Request** form.
2. Allow 8-10 weeks in advance of your event. However, we will consider all requests based on lead-time, staff availability and prior requests.
3. Submit request via phone, email or mail.
4. Request will be processed and responded to within 2 weeks of receipt.
5. Your organization must provide tables and chairs for the screening staff.

**PLEASE PRINT OR TYPE LEGIBLY**

### I. Your Organization's Information

Name		
Address		
Phone	Email:	Fax
Contact Person		
Relationship to organization		
Address		
Phone	Email	Fax

### II. Your Event Information

Name of Event					
Dates and Day(s) of Event					
Time (s) of Event					
Location of Event					
Expected Number of Participants ( circle):	25 or less	25-50	50-75	75-100	other
Other Health Care Organizations involved					

### III. Your Request

#### Screenings

#### Educational Presentations

	Blood pressure screening		Hypertension
			Cancer
			Chronic Kidney Disease
			Stroke

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		Diabetes
		Women/Teen Health

IV. Confirm that tables (1-2) and Chairs (4-6) will be provided for the use during the screenings

Mail to Pamela Johnson 10021 S. Sangamon, Chicago IL 60643	Email to: <a href="mailto:pejur1@bellsouth.net">pejur1@bellsouth.net</a> Phone in to: 773-617-1991
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Organizational Use: \_\_A. Accepted \_\_ B. Declined

Summary:

Number screened \_\_\_\_\_

Screening form attached \_\_\_\_\_

Abnormal \_\_\_\_\_

Report to National \_\_\_\_\_