



Madison Area Care for the Homeless (MACH) OneHealth

Community Health Needs Assessment (CHNA) Outreach Specialist Application

About MACH OneHealth

Madison Area Care for the Homeless (MACH) OneHealth envisions that people experiencing homelessness and housing insecurity have equitable housing and healthcare. MACH OneHealth is on a mission to bridge gaps in the Madison Area healthcare system by connecting with people experiencing homelessness and housing insecurity with compassion and respect.

Job Description and Requirements

The MACH OneHealth Community Health Needs Assessment (CHNA) Outreach Specialist will reach out and administer surveys to people experiencing homelessness and housing insecurity and deliver completed surveys to MACH OneHealth CHNA staff and volunteers.

Time Commitment: Flexible, 1 - 5 hours per week, maximum 50 total surveys administered

Compensation: \$20 upon training completion and \$10 per completed survey collected, up to \$520 total

Start Date: May 2021

Job Responsibilities:

- Hand out, help complete, and collect CHNA surveys at locations where people experiencing homelessness and housing insecurity are found
- Report and deliver survey feedback to MACH OneHealth CHNA staff and volunteers

Necessary Requirements:

- Lived experience of homelessness and/or housing insecurity
- Positive relationships with people experiencing homelessness and housing insecurity
- Positive relationship(s) with one or more agencies that serve people experiencing homelessness
- Strong communication skills
- Respect for privacy
- Commitment to following safety protocol to protect own and others' health

Preferred Requirements:

- Speak multiple languages
- Volunteering with one or more agencies that serve people experiencing homelessness

Training Requirements:

- *Complete background check
- Complete MACH OneHealth privacy training
- Complete and sign MACH OneHealth documents, including but not limited to: Volunteer/Contractor Agreement, Liability Waiver, and PPE Waiver

*Having something on your record may not disqualify you from this opportunity. It will be reviewed on an individual basis.

Application Questions

1. What is your legal name? _____
2. How can we contact you? (Please list phone numbers, email addresses, and who they belong to):

3. When is the best time to contact you? _____
4. Have you ever experienced homelessness? Yes No
5. Have you ever experienced housing insecurity or been at risk of losing your home? Yes No
6. If selected, do you agree to complete the required training? Yes No
7. Are you willing to wear a mask at all times, covering both your nose and mouth? Yes No
8. Which populations of people experiencing homelessness would you feel most comfortable reaching out to? (check all that apply):
 People in encampments People on State Street or near the Capitol Square
 People at the Beacon People living in hotels People staying at men's shelter
 People staying at single women's shelter Families staying at shelters or in hotels
 Other _____
9. What form(s) of transportation do you use? (check all that apply):
 Bus Bike Walk Car

Agreement and Signature

By submitting this application, I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in this application may render this application void and will be cause for immediate release, whenever discovered.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in working with MACH-OneHealth.