

Rural Community Opioid Response Program (RCORP) Workforce Development Application

First Name: _____ **Last Name:** _____

Address: _____

City/State/Zip: _____

Email Address: _____

Cell phone: _____ **Home Phone:** _____

Birth date MM/YEAR: _____

*** Please circle preferred Method of Contact: phone call, text, or email?

Gender: Male Female **Veteran:** Yes No

Race: American Indian Alaska Native Asian Black

Native Hawaiian White Other

Education: 9th-12th (NO Diploma) GED HS Diploma

Some College or Associate Degree Bachelor's Degree

“I, _____ (first and last name), am participating in Rural Health Association of Tennessee’s (RHA) Rural Workforce program. My signature below indicates that I agree to receive emails, text, or phone messages from a RHA representative regarding my employment status, progress through training services and/or continued education assistance. Participants will be added to the R-CORP e-newsletter sent monthly.

I understand by signing below I am authorizing RHA to release any information needed to document program participation, completion, and employment status as required by funders.

Participant (Print Name)

Rural Health Association of TN
Workforce Coordinator

Signature

Signature

Date: _____

Date: _____

Employer Attestation (if applicable)

(Supervisor Signature) attests that the above participant works full-time in a rural community [as defined by HRSA](#).

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