We are a Healthy HotSpot!

Our faith community, ____________________________, pledges that we are taking the following actions to build health and well-being:
(Please list at least one example of programs or initiatives you are doing under each topic:)

Tobacco Free Living

Connecting to Healthy Eating

Connecting to Active Living

Preventing Chronic Disease

Connecting with Each Other/Fostering Positive Relationships

________________________________________
Congregational Representative Signature

________________________________________
Date
Healthy Hotspot Application Form

Please fill out the information below and send to:
Healthy HotSpot
Mission and Spiritual Care
Advocate Health Care
3075 Highland Parkway
Downers Grove, IL 60515
Or scan and email to:
ahc-missionspiritualcare@advocatehealth.com

Thank you for your leadership and partnership on health!

| Congregation Name: |__________________________________________________________|
| Religious Affiliation and Denomination: |__________________________________________________________|
| Street Address: |__________________________________________________________|
| City: |_________________________ State: _______ Zip: _______|
| Email: |__________________________________________________________|
| Website: |__________________________________________________________|

| Contact Name: |__________________________________________________________| Role in the Congregation: |__ (Ex. Pastor, Cantor, President) |
| Phone: |__________________________________________________________| Email: |__________________________________________________________|

1) What is your congregation’s size? _____ Approximately how many attend weekly?______
2) What is the primary ethnic identity of your congregation?
   _European American; _African American; _Mexican; _Puerto Rican; _Other Latino; _Asian/Pacific Islander;
   _South Asian (Indian, Pakistani); _African; _Arab; _ European American; _First Generation European;
   _Native American; _Multicultural
3) What languages are spoken in your congregation? ______________________________
4) What is the approximate age distribution of the congregation (by %)? (This will help us identify potential programs) Under 18______ 18-34______ 35-49______ 49-64______ 65+______
5) Do you have a formal Health Ministry or Health and Wellness Council? _ Yes _ No
6) If no, would you be interested in starting one? _ Yes _ No _Maybe
7) How did you hear about the Healthy HotSpot initiative? ______________________________

Application continues on the back.