



COMMUNITY HEALTH AIDE

Community Health Services
Department of Health & Human Services

Reports To: Manager
Salary Range: 27
FLSA Status: NON-EXEMPT

INTRODUCTION

This position is responsible for assisting in providing community education through presentations, training and other Health Promotion/Disease Prevention activities in the home and community to improve the health knowledge, attitudes and practices by promoting, supporting and assisting in delivering of total health care program. The Community Health Aide scope of work is to assist in addressing health care needs through the provision of community-oriented primary care services, including traditional Native concepts in multiple settings.

The incumbent is under supervision and line authority of the CHR Manager/CHR personnel. The supervisor provides continuous or individual assignments indicating generally what is to be accomplished, limitations, quality and quantity expected, deadlines and priority of assignments. The incumbent uses initiative in carrying out recurring assignments independently without specific instructions and addresses unfamiliar situations to the supervisor for assistance.

Contacts are with employees within/outside the immediate work area, other related service agencies, schools, villages/communities and the general public to exchange factual information and to coordinate program activities. Majority of the work is performed in the community setting when conducting on-site demonstrations, classes and presentations; some work is performed in a standard office environment. The incumbent is required to maintain a flexible schedule.

ESSENTIAL FUNCTIONS

(The following examples of duties are intended to be illustrative only and are not intended to be all inclusive or restrictive.)

1. Provide assistance in identifying health problems, planning and implementing project activities.
2. Organize community health promotion and disease prevention events and facilitate the learning events.
3. Conduct home visits, field surveys and compiles information/data to support activities/projects.
4. Prepares articles for submission to newspaper(s) and other media sources on various health topics.
5. Assists with coordinating activities for target population.
6. Performs other duties as assigned and authorized to achieve Tribal/Program goals and objectives.

MINIMUM QUALIFICATIONS

Education: High School Junior/Senior in current Academic Year.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES

- Basic knowledge of Public Health.
- Basic knowledge of educational tools and use of media for information dissemination.
- Basic knowledge of materials, aids, literature available.
- Basic knowledge of audio, video and graphic production.
- Good skill in written and verbal communications.
- Good skill to produce creative educational and informational materials.
- Good skill in human and public relations.
- Good skill in interpersonal relationships.
- Ability to plan and complete assignments according to established objectives.
- Ability to work independently and follow verbal and written instructions.
- Ability to conduct small to large group presentations.
- Ability to maintain and practice strict confidentiality.
- Ability to establish and maintain positive professional working relationships with others.
- Ability to operate personal computers, applicable software and basic office machines/equipment.

NECESSARY SPECIAL REQUIREMENTS

- 1) Must have resided on the Hopi reservation for the last twelve months, from the date of application.
- 2) Must be a High School Junior/Senior in current Academic Year.
- 3) Must receive the COVID-19 vaccination prior to employment.
- 4) Must complete and pass the pre-employment screening, if applicable.
- 5) Must be able to pass mandatory and random drug & alcohol screening.

Revised: 03/23/2022

Community Health Aide
Writing Sample Questions

This is a required section of the application in order to be considered for the Community Health Aide Internship. Help us understand your interest in seeking a Health Career.

****Should you require more space, please attach additional pages clearly stating which question you are answering****

◆ Do you plan on attending a University, College, Vocational/Occupational program after High School?

If Yes, Where do you plan on attending?

◆ What program of study do you plan to enroll in?

◆ List top three health professions you have interest in?

1. _____
2. _____
3. _____

◆ Describe a major health problem in your community and how would you address it?

◆ What do you hope to gain as being a Community Health Aide?

Parental Consent Form

Dear Parent(s) /Guardian(s),

Thank you for allowing your child to participate in the 2023 Community Health Aide (CHA) Program with the Hopi Community Health Services. We are delighted to have your child join us in this summer adventure to explore new things and get the feel of what it takes to be a Community Health Worker. They will get hands on experience by partaking a various community events, attend training sessions, and obtain their First Aid/CPR certification and much more. These experiences are aimed to provide new tools and resources to positively impact their daily lives and to show them they are our leaders of tomorrow. So a special thanks for supporting your child in this great opportunity.

Below is our consent form for your child to travel on and off reservation within the next 8 weeks of the program. Places we will travel off reservation include Flagstaff, Williams, Grand Canyon, Las Vegas, NV and Washington, DC. Therefore will be required to travel in Hopi Tribal vehicle and fly by airplane from Phoenix, AZ to Washington, DC.

I/WE, _____
FULL NAME(S) OF CUSTODIAL, AND/OR, LEGAL GUARDIAN(S)

HEREBY GRANT CONSENT FOR OUR CHILD TO PARTICIPATE IN THE 2023 HOPI CHA PROGRAM COMMUNITY EVENTS, TRAININGS AND TO TRAVEL WITH THE HOPI CHR PROGRAM IN COMPANY VEHICLES AND BY AIRCRAFT.

CHA'S FULL NAME: _____

CHA'S ADDRESS: _____

CHA'S DATE OF BIRTH: _____

EMERGENCY CONTACTS

1. _____
FULL NAME, RELATION TO YOUTH, BEST CONTACT #, PHONE TYPE

2. _____
FULL NAME, RELATION TO YOUTH, BEST CONTACT #, PHONE TYPE

ALLERGIES – FOOD/MEDICATIONS:

PRESCRIPTION MEDICATIONS/INSTRUCTIONS:

ADDITIONAL SPECIAL INSTRUCTIONS:

PRINT NAME: _____
LEGAL GUARDIAN

PARENT SIGNATURE: _____
LEGAL GUARDIAN

DATE: _____

DATE: _____