

COVID-19 Vaccine Strike Team Request Form

Name of Organization			
Address of Event:			
Contact Person:	Name:		Phone:
	Email:		
Event Details:	Estimated Attendance:		
	Date/s:		Times:
	Is this event in conjunction with another event: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe event: _____		
Type of Event Requested:	Vaccination Only <input type="checkbox"/> Education & Vaccination <input type="checkbox"/> Education Only <input type="checkbox"/>		
	Special Staffing Needs: Bilingual <input type="checkbox"/> ASL Interpreter <input type="checkbox"/> Other <input type="checkbox"/> _____		
	Is event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Demographics:	Targeted Audience: _____		
	What barriers has this population experienced in getting vaccinated: Language/Communication <input type="checkbox"/> Transportation <input type="checkbox"/> Education <input type="checkbox"/> Vaccine Hesitancy <input type="checkbox"/> No Internet <input type="checkbox"/> Other <input type="checkbox"/> _____		
Event Space:	Indoors: <input type="checkbox"/> Outdoors: <input type="checkbox"/> Electricity available: Yes <input type="checkbox"/> No <input type="checkbox"/>		