



GENERAL COMMUNITY SITE ACTIVITY FORM

Please review the activities suggested below, fill out all necessary information, and fax the completed form to the NHLBI Health Information Center at (240) 629-3246. If you prefer to enter this information in an online form, please go to the following Web address: <http://hp2010.nhlbihin.net/wecan/activity.asp>

Completing this form indicates your willingness to post your activities for public use. The NHLBI will use your personal information only in the ways indicated in our Privacy Statement at <http://www.nhlbi.nih.gov/about/privacy.htm>

Submissions that promote businesses or commercial activities or products will not be accepted.

Program Selection

General Community Sites around the country are participating by completing **two of the following three** programs or events in one year.

- Activity 1) One **We Can!** youth program/curricula**
- Activity 2) One **We Can!** parent program/curriculum
- Activity 3) One **We Can!** community-outreach event

** Some of the youth curricula are copyrighted and have an associated cost.

Activity 1) Complete one **We Can!** youth program/curricula

Please check the box next to the curriculum you will use, and complete the corresponding table. (View curricula descriptions and ordering information on the **We Can!** Get Involved Web page at <http://wecan.nhlbi.nih.gov/get-involved/materials.htm>)

CATCH Kids Club

Where will you implement this program?	<input type="checkbox"/> School classroom/grounds <input type="checkbox"/> Community/Rec. center <input type="checkbox"/> Faith-based community center <input type="checkbox"/> Hospital <input type="checkbox"/> Summer camp <input type="checkbox"/> Other: _____ (please specify)
When will you implement this program?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> In the evening <input type="checkbox"/> On the weekend <input type="checkbox"/> All day (summer camp) <input type="checkbox"/> Other: _____ (please specify)
Facilitator's title and organization:	
Estimated start date of CATCH Kids Club:	
Estimated end date of CATCH Kids Club:	
How many youth do you anticipate recruiting?	
Other Comments:	



Media-Smart Youth: Eat, Think, and Be Active!

Where will you implement this program?	<input type="checkbox"/> School classroom/grounds <input type="checkbox"/> Community/Rec. center <input type="checkbox"/> Faith-based community center <input type="checkbox"/> Hospital <input type="checkbox"/> Summer camp <input type="checkbox"/> Other: _____ (please specify)
When will you implement this program?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> In the evening <input type="checkbox"/> On the weekend <input type="checkbox"/> All day (summer camp) <input type="checkbox"/> Other: _____ (please specify)
Facilitator's title and organization:	
Estimated start date of Media Smart Youth:	
Estimated end date of Media Smart Youth:	
How many youth do you anticipate recruiting?	
Other Comments:	



Student Media Awareness to Reduce Television (S.M.A.R.T.)

Where will you implement this program?	<input type="checkbox"/> School classroom/grounds <input type="checkbox"/> Community/Rec. center <input type="checkbox"/> Faith-based community center <input type="checkbox"/> Hospital <input type="checkbox"/> Summer camp <input type="checkbox"/> Other: _____ (please specify)
When will you implement this program?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> In the evening <input type="checkbox"/> On the weekend <input type="checkbox"/> All day (summer camp) <input type="checkbox"/> Other: _____ (please specify)
Facilitator's title and organization:	
Estimated start date of S.M.A.R.T.:	
Estimated end date of S.M.A.R.T.:	
How many youth do you anticipate recruiting?	
Other Comments:	

Activity 2) Complete one *We Can!* parent program/curriculum

If you plan to implement the parent curriculum, please check the box and complete the corresponding table.

***We Can!* Energize Our Families: Curriculum for Parents and Caregivers**

Where will you implement this program?	<input type="checkbox"/> School classroom/grounds <input type="checkbox"/> Community/Recreation center <input type="checkbox"/> Faith-based community center <input type="checkbox"/> Hospital <input type="checkbox"/> Workplace <input type="checkbox"/> Other: _____ (please specify)
When will you implement this program?	<input type="checkbox"/> In the evening <input type="checkbox"/> During work/lunch break <input type="checkbox"/> Before work <input type="checkbox"/> After work <input type="checkbox"/> On the weekend <input type="checkbox"/> Other: _____ (please specify)
Facilitator's title and organization:	
Estimated start date of your Parent Curriculum implementation:	
Estimated end date of your Parent Curriculum implementation:	
How many parents do you anticipate recruiting?	
Other Comments:	

Activity 3) Host one *We Can!* community-outreach event

Please check the box below if you will host a ***We Can!*** community event and complete the corresponding table.

***We Can!* Community Event**

Event Name:	
Anticipated event date(s):	Start date: End date:
Kind of event (ex: health fair, Fitness Festival, TV-Turnoff week, etc.):	
Kind of event:	
Location of the event:	
Description of event activities:	
Who is the event's target audience? (ex: Youth, Parents, Families, Partners, etc.)	
How many people do you anticipate will attend this event?	
What are the anticipated giveaways and incentives?	
Other information you would like to include:	

Thank you for selecting your activities.

Contact Information

Please provide the contact information that you used when you signed up to become a General Community Site.

Completing this form to list your activity description on the **We Can!** Web site is voluntary. The NHLBI will use your personal information only in the ways stated in our privacy statement. View our privacy statement at <http://www.nhlbi.nih.gov/about/privacy.htm>

*Primary Point of Contact:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Title:			
*Name of Organization / Coalition:			
Mailing Address:			
*Phone:			
Fax:			
*E-mail:			

* Denotes a required field

Summary Form

We recommend that all **We Can!** community sites take up to one year to plan programs, implement chosen curricula, and conduct community events. We ask all sites then to return to the We Can! Web site to share their experiences through the **We Can!** General Community Site Summary Form. The summary form can be downloaded from the **We Can!** Web site at <http://wecan.nhlbi.nih.gov/downloads/summary-form.pdf>

Please insert the date you plan to finish your programming here:

Estimated Program Completion Date: _____

You have now completed your Activity Form! Thank you for your interest in We Can! Please fax this completed form to the NHLBI Health Information Center at (240) 629-3246. If you have any questions regarding this process, please contact the NHLBI Health Information Center by e-mail at nhlbiinfo@nhlbi.nih.gov or by phone at 301-592-8573; TTY: 240-629-3255; or toll-free at 1-866-35-WECAN.