



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER
Ph: (671) 477-9079~83, Fax: (671) 477-9076

Registration Form
CONNECT (Suicide Post-Vent) Training
Date: _____ Venue: _____

Participant Name: _____ Sex: M [] F []

Age: _____

Phone #: (____) _____ Fax #: (____) _____ Village: _____

Position/Job Title: _____

Organization/Business: _____

Email Address: _____

Please select one (1) choice from the Ethnicity bracket list that best describes you:

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Kosraean |
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Marshallese |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pingelapese |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohnpeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indian (Asian) | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Yapese |
| <input type="checkbox"/> Other Pacific Islander, specify: _____ | |
| <input type="checkbox"/> Other Asian, specify: _____ | |
| <input type="checkbox"/> Other, specify: _____ | |

Are you affiliated with the military? Yes No

I am interested in receiving CEUs: Yes No

I consent to voluntarily complete this Connect Training and confirm that I have been informed to my satisfaction as to the purpose of the training. I understand that pictures and/or videos may be taken at the training and hereby agree and consent to the use of these pictures or videos by the Guam Behavioral Health and Wellness Center for promotional and/or other educational purposes.

(Print Participant's Name)

(Participant Signature)

Date

Please return via fax to 477-9076 or Scan and E-Mail to deborah.aflague@mail.dmhsa.guam.gov

Please **FIRST** select the primary setting in which you interact with youth. **SECOND**, within that setting, please select the **ONE ROLE** that you feel best describes you.

<p><input type="checkbox"/> <u>Education (K–12)</u></p> <ul style="list-style-type: none"> <input type="radio"/> Teacher <input type="radio"/> School administrator <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Academic advisor <input type="radio"/> Tutor <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Substance abuse</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Juvenile justice/probation</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Probation officer <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Detention facility guard <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Emergency response</u></p> <ul style="list-style-type: none"> <input type="radio"/> Police officer or other law enforcement staff <input type="radio"/> Program/system administrator <input type="radio"/> Emergency medical technician <input type="radio"/> Fire fighter <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Higher education (college/university)</u></p> <ul style="list-style-type: none"> <input type="radio"/> Faculty/professor/researcher <input type="radio"/> Administrator (e.g., dean’s office, vice president, provost) <input type="radio"/> Residential life staff <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Student <input type="radio"/> Other: _____ 	<p><input type="checkbox"/> <u>Child welfare</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Mental health</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Primary health care (other than mental health)</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Physician <input type="radio"/> Nurse <input type="radio"/> Nursing assistant/health technician <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Other community settings</u></p> <ul style="list-style-type: none"> <input type="radio"/> Parent or foster/resource parent <input type="radio"/> Other caregiver <input type="radio"/> Relative <input type="radio"/> Youth mentor <input type="radio"/> Volunteer (i.e., Big Brother Big Sister, CASA) <input type="radio"/> Youth advocate <input type="radio"/> Clergy/religious educator <input type="radio"/> Other: _____
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