



**Rev. Charles William's Prostate Cancer Mobile Unit  
Request for Services Form**  
Please complete this form in its entirety.

**(Please print or type)**

Organization requesting mobile unit:		Contact person:
Address:		
City:	State: Indiana	Zip:
Telephone: (    )	Fax: (    )	E-mail:

**EVENT INFORMATION**

Event Name:		Date of Request:
Event Date(s) and Time(s):		Event Location:
Have you done an event like this before? YES NO		Expected Attendance by Men 40 and Older:
Description of Event:		
Who is your target audience for this event? (i.e.: African Americans, Hispanics, all males over 40, Youth, Mix, etc):		
Will your organization provide doctors, phlebotomists and other health professionals to staff this event? YES NO If yes, please identify:		
Will your organization provide funding to bring the vehicle to your event? YES NO Amount of Funding:		
Current Contributing Sponsors. (List contribution):		
Current Partners: Consideration for scheduling priority will be given to groups demonstrating a strong collaborative community effort. (List all, with contact.)		
Businesses	Neighborhood Organizations	Faith-based Organizations
Hospitals	Healthcare	Parks/Recreation/Other
How will you advertise for this event? (Web site, Signage, Flyers, Handbills, Newspaper, Radio, etc.) Please explain.		
Any additional information pertinent to your event:		
Explain local follow-up medical services that can be provided:		

<b>For Office Use Only</b>	<b>Date Received:</b>
IBE/MCHD Approval:	

**Please send all requests no later than SIX (6) WEEKS before event. NO EXCEPTIONS!**  
All inquiries should be sent to the Marion County Health Department c/o the  
Rev. Charles Williams Prostate Cancer Mobile Unit via e-mail [prcancer@hccorp.org](mailto:prcancer@hccorp.org) or fax (317) 221-2130.