Johns Hopkins Health System
Project REACH

Initial Contact Form

Employee Name:

Social Security Number:

Current Position & Department:

Current Salary:

Home & Office #'s:

1. Why are you interested in Project REACH?

2. What are the positive things about you (or in your life) that will help you be successful in this program?

3. What are the things that will make this program difficult for you?

_____   _____
Signature   Date