Inland Hospital Community Outreach Request Form

Thank you for your interest in inviting Inland Hospital to participate in your activity or event. It is our goal to support local economic, educational, and cultural efforts and to collaborate with local organizations, schools and businesses to help improve the overall health and well-being of our community. All applications will be carefully considered as we strive for the best way to meet our mission: "*to care for and serve our community".* Please return your completed application to: ewells@emhs.org or by fax: 861-3387 or to: Ellen Wells, Inland Hospital Community Wellness Coordinator, 200 Kennedy Memorial Drive, Waterville ME 04901. If you have any questions please call 207-861-3292.

Name of organization/business	
Name of contact person	
Address	
Phone	
Email	
Event/Activity	
Date and time of event/activity	
Location of event/activity if different from above	
Date response needed by	
Target audience (age, gender)	
Number of people expected	
What is your request? (i.e. presentation, booth at event, etc.)	
What is the goal of this event/activity and/or how will it help improve the health and wellness of our community?	
Other community partners involved in this event/activity	
How will your event/activity be promoted?	
For internal use only: Dept. Staff Estimated Cost	