



Allegiance HEALTH

Name: _____

Address: _____

City: _____, State _____ Zip Code: _____

Telephone: (h) _____ (c) _____ (w) _____

Email _____

I would like to schedule an appointment to meet with the Community Partners coordinator to discuss the program:

- yes (Best day and time for me: _____)
- not necessary, consider me a Community Partner. I look forward to being contacted.

Employment:

- Retired
- Stay-at-home parent
- Full-time outside of home
- Part-time outside of home

Please describe your relationship and past history with Allegiance Health (Foote):

I would be most interested in providing input through:

- Discussion groups
- Mail-in surveys/forms
- Over the phone/email
- All of the above

I would be most interested in volunteering at the following events

- Health Fair (August)
- Allegiance Race to Health (September)
- Disaster Drills (October & April)
- Special Events
- All of the above

What areas of interest do you have regarding healthcare?

- Family Medicine
- Women & Infants/Children
- Cancer
- Prevention & Community Health
- Sports Medicine
- Cardiovascular (heart)
- Other _____

Please use the back of this sheet to share any other information that would be helpful to know regarding your ability or interest at being part of the Community Partners program at Allegiance Health: