

Northern Light Inland Hospital Community Health Outreach Request Application

Thank you for your interest in inviting Northern Light 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.

1. Name of organization/business
2. Name and title of contact person
3. Address
4. Phone of contact person
5. Email of contact person
6. Name of event/activity
7. Date and time of event/activity
8. Location of event/activity if different from above
9. Target audience (age, gender, etc)
10. Number of people expected
11. What is your request (ie. booth at event, speaker on specific topic)
12. What is the goal of this event/activity and/or how will it help improve the health and wellness of our community
13. Other community partners involved in this event/activity
14. How will your event/activity be promoted
15. Date response needed by

Please return your completed application to inlandcr@northernlight.org or to Northern Light Inland Hospital, Community Relations, 200 Kennedy Memorial Drive, Waterville, ME 04901.

Questions? Contact us at 207.861.3293 or inlandcr@northernlight.org. Thank you.