WE ARE Valley MEDICAL CENTER & CLINICS

COMMUNITY INVOLVEMENT PROGRAM

SECTION 1: ORGANIZATION INFORMATION

Organization Name

Contact First Name

Contact Last Name

Title

Mailing Address

Email

Phone

Organization Type

☐ 501(c)(3) Nonprofit ☐ Community Organization ☐ Other

Tax ID (if applicable)

Website

Facebook

Instagram

Other (Social)

Organization Mission Statement

Describe your organization's mission in 2–3 sentences.

SECTION 2: EVENT / PROGRAM INFORMATION

Event / Program Name

Event Date(s)

Event Location

Expected Attendance

Event / Program Description

Describe the event or program, including purpose, activities, and target audience. Limit: 500 characters

Community Served

Who will benefit? Describe demographics and geographic area, including underserved or vulnerable populations. Limit: 500 characters

SECTION 2 (CONTINUED): EVENT / PROGRAM INFORMATION

Health & Wellness Connection

How does this event/program address a health challenge in South King County? Limit: 500 characters

SECTION 3: INVOLVEMENT REQUEST

Type of Involvement Requested (check all that apply)

☐ Health education information & materials	☐ Physicians, clinicians, expert; virtual or in-person	☐ Referrals & connections to community organizations	☐ In-kind donation drive	☐ Financial support (educational impact)

Date Involvement / Support Needed

Previous Valley Medical Center & Clinics Involvement

☐ Yes ☐ No **Year**

I agree that the information provided in this application is accurate and complete. I understand that any support provided by Valley Medical Center & Clinics must be used as described in this application.

Signature **Printed Name** **Date**

Submit to: community_involvement@valleymed.org
Questions? See our FAQs at www.valleymed.org/outreach--education/community-involvement-program

FOR VMCC USE ONLY

Application Received | Eligibility Confirmed | Assigned To | Notification Sent

Notes: