



**PETERSBURG WELLNESS**  
**CONSORTIUM**  
 COMMUNITY ENGAGEMENT, COLLABORATION, AND PARTNERSHIPS

## CONTACT INFORMATION

Please complete this form so that we may add you to the Petersburg Wellness Consortium.

Name:	
Agency/Organization (if applicable):	Title/Position (if applicable):
Email Address:	Work Phone: Cell Phone:
Mailing Address:	
Your Sector (check all that apply): <input type="checkbox"/> Public Health <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Philanthropy <input type="checkbox"/> Nonprofit <input type="checkbox"/> Community Development <input type="checkbox"/> Government <input type="checkbox"/> Healthcare <input type="checkbox"/> Community Member <input type="checkbox"/> Other If other, please add detail:	PWC Areas of interest (rank order 1-3, with 1 being top choice):  <input type="checkbox"/> Chronic disease  <input type="checkbox"/> Youth health and wellness  <input type="checkbox"/> Oral health integration  <input type="checkbox"/> Other If other, please add detail:
Who else isn't in the room? Would you be willing to contact them to consider joining PWC?  Name _____ Organization/Agency _____ (if applicable)	I would be able to help in these PWC areas of need (check all that apply): <input type="checkbox"/> agenda planning <input type="checkbox"/> data collection <input type="checkbox"/> communications/outreach <input type="checkbox"/> community engagement <input type="checkbox"/> strategic planning

Contact information _____	If other, please add detail:
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