



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(email address) \_\_\_\_\_

- Residence \_\_\_\_\_ City of Fredericksburg
- \_\_\_\_\_ Caroline County/Bowling Green
- \_\_\_\_\_ King George
- \_\_\_\_\_ Spotsylvania
- \_\_\_\_\_ Westmoreland
- \_\_\_\_\_ Stafford

Place of Employment \_\_\_\_\_

Position Held \_\_\_\_\_

Health care issues of personal interest (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Outpatient Services  |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Disabilities/Chronic Illness | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Emergency Services           | <input type="checkbox"/> Senior Citizens      |
| <input type="checkbox"/> Heart Disease                | <input type="checkbox"/> Teenagers            |
| <input type="checkbox"/> Hospice/Long-Term Care       | <input type="checkbox"/> Wellness/Education   |
| <input type="checkbox"/> Immunizations                | <input type="checkbox"/> Women's Health       |
| <input type="checkbox"/> Infant/Children's Health     | <input type="checkbox"/> Other:               |
| <input type="checkbox"/> Insurance Issues (Insured)   |   |
| <input type="checkbox"/> Insurance Issues (Uninsured) |   |

Membership in health-related associations, business, civic, or consumer-interest organizations (for example, Kiwanis Club, AARP, Rappahannock EMS Council, American Heart Association, disAbility Resource Center, etc.):

\_\_\_\_\_  
\_\_\_\_\_

1. Please tell us about yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe your interest in community health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What ideas do you have, if any, in improving health care in this region?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Briefly summarize your personal interests and/or objectives as a member of the Health Care Assembly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return completed application to: Community Programs Department, Mary Washington Hospital, 1001 Sam Perry Blvd., Fredericksburg, VA 22401, or email to: [cynthia.bullock@medicorp.org](mailto:cynthia.bullock@medicorp.org)

All applications are presented to the MediCorp Health System Board of Directors for approval. Applicants will be advised by letter once the board has acted on their application.

*MediCorp Health System exists to improve the health status of all people within our community.*  
[www.medicorp.org](http://www.medicorp.org)