

St. Johns County Medical Alliance Volunteer Sign-Up

*Discover Your Hidden Talents
Expand Your Leadership Skills*

The St. Johns County Medical Alliance, spouses of local physicians, has opportunities for you to learn new skills, lead a project, and connect with other physicians and spouses while making a difference in the community.

The St. Johns County Medical Alliance is a voluntary organization. The group represents spouses of St. Johns County physicians. Its purpose is to promote health education, identify and address health-care needs and issues, participate in health-related legislation, and provide scholarships to St. Johns County students.

Simply complete the form and return it to:

St. Johns County Medical Alliance
c/o Flagler Hospital
400 Health Park Blvd.
St. Augustine, FL 32086

Need more information about the St. Johns County Medical Alliance? Visit our blog at www.sjcma.blogspot.com.

Please check your area of interest:

___ **Holiday Share Card:** Proceeds help support the Alliance's college scholarship fund.

___ **Holiday Boutique:** Proceeds benefit the St. Johns County Medical Alliance Projects.

___ **Publicity:** Work with local media outlets to create awareness about Alliance programs and activities.

___ **Communications:** Be part of the message

- BLOG
- Direct Mail
- Membership Directory
- Other _____

___ **Doctors' Day:** Participate in Flagler Hospital's Annual Doctors' Day event.

___ **Junior Alliance of Medicine (JAM)**
A youth group consisting of physicians' school-aged children. The group meets each month for a health service activity.

___ **Legislative Education:** Increase the visibility of the medical family by engaging in legislative advocacy.

___ **College Scholarship Committee:** Provide academic scholarships to graduating St. Johns County high school seniors pursuing an education in pre-medicine, nursing, or allied health.

___ **Health Education:** Participate in a variety of health initiatives in the community.

___ **Membership Recruitment:** Help identify and recruit new Alliance members.

___ **Grant Writing:** Identify and write grants to fund Alliance programs.

Got a great idea for a speaker, topic or event? Let us know!

Your special talents. Tell us about yourself.

Name _____

Phone Number _____

Email _____