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# Patient and Family Advisory Council Membership Application

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| Name: |  |
| Mailing Address: |  |
| City, State, and Zip Code: |  |
| Home Phone: |  |
| Work Phone: |  |
| Cell Phone: |  |
| Email address: |  |

Most Recent Work Experience (Paid or Volunteer):

Education:

Have you ever volunteered at Suburban before? [ ] Yes [ ] No

If yes, year(s) and area(s):

Have you or a loved one received care at any of the following Suburban Hospital services? Please check all that apply and indicate approximately when the service was received.

[ ] Outpatient

[ ] Inpatient

[ ] Emergency Department

[ ] Other programs, services. Please list

## Tell Us about How You Could Help the Patient and Family Advisory Council (PFAC)

1. Why would you like to be a member of the PFAC?
2. If you have served on other advisory councils and boards, or as a volunteer with other groups, please briefly describe that experience?
3. The attributes of a good PFAC member include being a good listener, having excellent communication skills, working collaboratively, and maintaining confidentiality. Do you believe you have these attributes and why?
4. Have you done public speaking or teaching? Please describe.
5. What special interests, experiences or talents would you offer the PFAC?
6. The PFAC generally meets on the second Monday of the month from 4:30 - 6 PM. Can you meet during that time? [ ] Yes [ ] No
7. What other times could you attend PFAC or hospital meetings or events?

[ ] Daytime 7 AM – 5 PM

[ ] Evening 5 PM – 8 PM

[ ] Saturday or Sunday

1. PFAC members frequently communicate through email and using Word/Excel/PowerPoint. Are you able to use email and receive documents in these formats? [ ] Yes [ ] No
2. I would be interested in helping the PFAC in the following areas:

[ ] Developing/reviewing Patient/Family educational materials and websites

[ ] Planning and participating in the Annual Service of Remembrance

[ ] Working to improve the patient and family experience of care

[ ] Participating on hospital committees

[ ] Educating staff about Patient- and Family-Centered Care and the experience of care

[ ] Participating in facility and signage design

[ ] Improving the coordination of care, discharge planning, and the transition to home and community care

[ ] Other:

**Thank you for your interest in applying to be a PFAC Patient and Family Advisor.**

Please save your completed application to your computer and attach it to an email sent to Jean Hochron, PFAC Co-chair, at jhochron@gmail.com.