

## PATIENT AND FAMILY ADVISOR APPLICATION FORM

NAME (First and Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred contact (circle one): Home phone      Cell phone      Email

The following questions will help us to get to know you better.

1. Are you a .....

\_\_\_\_ Patient

\_\_\_\_ Family member of a patient

2. When was your care experience at this hospital? (check all that apply)

\_\_\_\_ 2013 to current year

\_\_\_\_ 2012

\_\_\_\_ 2011

\_\_\_\_ 2010

\_\_\_\_ 2009 or before

3. What language do you speak? \_\_\_\_\_



4. Which unit(s) provided care for you or your family member: (check all that apply)

Inpatient

Radiology

Therapy

Lab

Surgery

Outpatient

5. We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor? (check one)

Less than 1 hour a month

3 to 4 hours per month

1 to 2 hours a month

more than 4 hours a month

6. Are you available to serve as an advisor for at least 1 to 2 years? (You can still be an advisor if you answer "no")

Yes

No

7. How do you want to help? I want to (check all of your interest areas)

Serve as a member of the patient and family advisory council. Potential advisory council members should be ready to commit to serving on the council for at least 1 to 2 years. The advisory council meets once a month for 1 to 2 hours.

Help develop or review informational materials for patients and family members.

Help improve the patient and family role in care decision making.

Help improve the hospital facilities (for example, patient care areas, or family waiting rooms)

Review procedures and provide input to improve the hospital's admission process.

Review procedures and provide input to improve transitions in care (for example, between hospital units or discharge from hospital to home)

PLEASE TELL US ABOUT YOURSELF:

8. Why do you want to become a patient and family advisor?

9. Please briefly describe any experience you have had as an advisor, as an active volunteer, or as a public speaker.

10. Please describe any specific things that doctors or hospital staff did or said while your or your family member were in the hospital that were helpful to you or your family.

11. Please describe any specific things that doctors and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.

12. Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

13. Have you ever been convicted of a Felony?

Yes

No

If yes, please identify under what name, location, date, charge and current status of charge.

I certify the statements made in this application are true and I understand the misrepresentation and/or withholding of information may result in the rejection of this application or my discharge if discovered after volunteer service begins. Current PFAC members will interview and choose volunteers they feel are best suited based on group consensus. I am authorizing the PFAC members, by signing this, to discuss my participation in the program with my clinical care staff.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed application to:

Helen Dannenberg  
237 W. Harrison/ P. O. Box 70  
Osborne, KS 67473  
785-346-2121 ext. 1115  
hdannenberg@ocmh.net