



PATIENT and FAMILY ADVISOR COUNCIL MEMBER APPLICATION

Thank you for your interest as a patient and family advisor. Questions on this application are asked for the sole purpose of considering you for an advisor role. We do not discriminate on the basis of race, religion, sex, national origin, age or handicap status.

Mr. / Ms. / Miss / Mrs. Name _____ Date _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

DATE OF BIRTH _____ EMAIL _____

1. Have you worked here before? No Yes When? _____

Were you a Volunteer Employee Student

2. I am / was: A patient A family member of a patient

3. My care is / was provided by _____: (Check all that apply)
(Department / Doctor)

Hospitalization

Emergency Department

Doctor visit

Other programs, department, services

Both hospitalized and outpatient _____

Care Partners _____

4. The dates of my active care experience at Mission Health include: (check all that apply)

Within the past 5 years

More than 5 years

More than 10 years

5. Who should be contacted in case of an emergency?

Name _____ Relationship _____ Phone _____

Physician _____ Practice _____ Phone _____



6. Times when you are able to engage in Patient and Family Advisory Council work: (check all that apply)

Daytime

Evening

Weekend

7. I would be interested in helping with (identify all of your areas of interest):

- Developing / reviewing educational materials to improve the patient and family experience
- Planning for the hospitalization (inpatient) care experience for adults.
- Planning for the hospitalization (inpatient) care experience for children.
- Planning for emergency care experience.
- Planning for the physician office care experience.
- Planning for outpatient services care experience.
- Planning for the oncology care experience.
- Planning for women's care experience.
- Planning for home care experience.
- Planning for the behavioral care experience.
- Planning the design of systems of care and facilities for the behavioral health experience.
- Planning the design of systems can care facilities for Pace or adult day care.
- Educating medical students and residents, new employees, and other staff about the experience of care and effective communication support.
- Participating in facility design planning.
- Improving the coordination of care and the transition to home and community care.
- Issues of special interest (please describe):

8. Why would you like to be a Patient Family Advisor?

9. Tell us about your or your family's experience at Mission Health or Care Partners. What would you have improved about this experience? What impressed you about this experience?

10. What special interest or experience would you like to offer as a Patient Family Advisor?



11. Describe any work related limitations (physical or emotional):

12. What is your preferred language? _____

13. Do you know other individuals and/ or families who have experienced care at Mission Health or Care Partners and might be interested in servicing as advisors? Please call them for us or list their name (s) and phone number (s) here:

14. Are you related to anyone employed by Mission Health or Care Partners?

____ No ____ Yes If yes, give name and relationship _____

I hereby apply to become an advisor at Mission Health or Care Partners, to abide by my commitment, to:

Maintain patient privacy and confidentiality

Support the organizational vision and MERIT values

Actively participate in improving care for all patients and families

Listen to different opinions and share ideas and viewpoints

Use their care experience or a family member's experience to improve care

Advocate for and listen to other patients, families, staff, and community members

Support positive relationships within the organization and with members of the community

These statements are true and accurate to the best of my knowledge.

SIGNATURE _____ DATE _____

