

Patient and Family Advisory Council Membership Application

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):

Within the past two years, have you or a loved one received care at any of the following Suburban Hospital services? Please check all that apply.

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 5-7 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
8. 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
9. 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 Steve Bokat, PFAC Co-chair, at stevebokat@gmail.com.