

Patient and Family Advisor Application Form

Application Information

Name (First and Last): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Preferred Contact Method (Circle one) Home Phone Cell Phone Email

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

1. Which of the following best describes you? (Select one)

- I Am a Patient
- I Am a Family Member or Caregiver

2. When did you or your family member receive care at this hospital? (Check all that apply)

- 2022
- 2023
- 2024
- 2025
- Current year

3. Which department(s) provided your care or the care of your family member? (Check all that apply)

- Inpatient / Medical-Surgical
- Emergency Department
- Urgent / Quick Care
- Outpatient Services
- Clinic Visit

4. We recognize that personal, family, and work commitments vary. About how much time are you able to commit as a patient and family advisor? (Select one)

- Less than 1 hour per month
- 1–2 hours per month
- 3–4 hours per month
- More than 4 hours per month

5. Are you available to serve as an advisor for at least 1 year? (You can still be an advisor if you answer “no.”)

- Yes
 No

6. Motivation for Joining PFAC (Please briefly describe why you are interested in joining the Patient and Family Advisory Council.)

Confidentiality Acknowledgement (Required)

- I understand that as a PFAC participant, I may hear confidential or sensitive information and agree to maintain privacy and confidentiality.