

# Application Form for Patient and Family Advisors

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (MI)

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

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

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

Work Phone: \_\_\_\_\_ Preferred Method of contact \_\_\_\_\_

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

Language(s) You Fluently Speak: \_\_\_\_\_  
\_\_\_\_\_

Choose one: • I am a Patient. • I am a Family Member of a Patient.

• Yes, I will allow my contact information to be shared with other committee/advisory council members.

• No, I do not want my contact information shared with other committee/advisory council members.

My care provided at NVCH was primarily: (check all that apply)

- Hospitalization (Inpatient) • Clinic Visit (Outpatient)
- Emergency Department Care • Other \_\_\_\_\_

The dates of my active care experience at NVCH include: (check all that apply)

- 2015 to current year • 2010-2014 • 2005-2009 • 2004 or earlier

Within the past two years, what NVCH services have you or your family member used? (Check all that apply)

- Emergency Room • Inpatient • Obstetric/Newborn Care
- Outpatient (which clinics?) \_\_\_\_\_
- Rehab (Cardiac, Physical, Occupational-circle all that apply) • Surgery
- Other: \_\_\_\_\_

Please specify times when you are able to attend meetings (check all that apply):

- Daytime: \_\_\_\_\_ • Evening: \_\_\_\_\_ • Weekend: \_\_\_\_\_

Why would you like to serve as a Volunteer Advisor?

**Issues of special interest to you:**

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

- Reviewing patient and family satisfaction tools.
- Developing/reviewing educational materials and opportunities.
- Planning for the hospitalization (inpatient) care experience and/or surgical experience.
- Planning for the outpatient experience: ER, ambulatory care, Clinic visit experiences.
- Assisting in the areas of safety and quality care.
- Educating new employees, and other staff about the experience of care and effective communication and support of patients.
- Improving the coordination of care and the discharge process.
- Improving uses for information technology, including electronic medical records, patient portals, and electronic personal health records.
- Serving as an e-Advisor, responding by email to questionnaires and surveys seeking your opinions.
- Long-term advisory council membership to have impact and influence on policies and practices that affect the care and services patients receive.

**If you have served as an advisor or been an active volunteer committee member, please briefly describe this experience:**

**Have you done public speaking or teaching? If so, please describe:**

**Do you know other individuals and/or families who have experienced care at NVCH who might be interested in serving as advisors? Please list their name(s), phone number, and email address(es) here:**

**Please return this form to:**

Tammy Schmitz, PFAC Program Coordinator  
NVCH 1600 Community Drive Seneca, KS

Date Received \_\_\_\_\_