

**Applicant Information**

**Application Form**

<b>First Name:</b>		<b>Last Name:</b>	
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>		<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>		<b>Email Address:</b>
<b>Preferred Contact (circle one):</b> Home Phone    Cell Phone    Email			

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

**Q1.** Are you a:  Patient  Family member of a patient

**Q2.** What language(s) do you speak? \_\_\_\_\_

**Q3.** When was your care experience at this hospital? (Check all that apply.)

0 – 12 months ago  12 – 24 months ago  24 – 36 months ago  36+ months ago

**Q4.** Which unit(s) provided care for you or your family member (if available)? \_\_\_\_\_

**Q5.** 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 per month  1 to 2 hours per month  3 to 4 hours per month  More than 4 hours per month

**Q6.** Are you available to serve as an advisor for at least 1 to 2 years?  Yes  No  
(You can still be an advisor if you answer “no.”)

**Q7.** 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 ½ to 2 hours.

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

Help improve patient safety and the prevention of medical errors.

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

Help improve the health system (for example, patient care areas or family resource room).

Help educate or train hospital system and clinicians.

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

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

Other issues (please describe): \_\_\_\_\_

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**Please tell us about yourself.**

**Q8.** Why do you want to become a patient and family advisor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q9.** Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.  
\_\_\_\_\_  
\_\_\_\_\_

**Q10.** Please describe any specific things that doctors or clinical staff did or said while you or your family member were in one of our healthcare facilities that were helpful to you or your family. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q11.** Please describe any specific things that doctors and clinical staff could have done differently to be more helpful while you or your family member were in one of our healthcare facilities. \_\_\_\_\_  
\_\_\_\_\_

**Q12.** 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please email this form to:** Gail Lazarine, [GLazarine@st-joseph.org](mailto:GLazarine@st-joseph.org)

Thank you for your interest in serving as a patient advisor. **We will contact you within 5 days.**

