

# GSRMC Patient and Family Advisory Council Volunteer Application



Today's Date : \_\_\_\_\_

Your Name (Please Print): \_\_\_\_\_

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

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best Day/Time to Call: \_\_\_\_\_

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

I am a (Please Select One): \_\_\_\_\_ Patient \_\_\_\_\_ Family Member

## Tell us about yourself :

1. What motivates you to volunteer to serve on the Patient and Family Advisory Council?

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2. Describe a time when you've been involved in a situation where someone had an opinion different than yours. How did you handle that situation? \_\_\_\_\_

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3. Share an example of your experience working with people different than yourself. (i.e. different racial / ethnic / socio-economic backgrounds, developmentally disabled, different sexual orientation, etc.) \_\_\_\_\_

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4. The primary function of this role is to address the needs of hospital patients and families as a general whole. Are you comfortable minimizing your personal biases and serving as a representative of a larger constituency? \_\_\_\_\_

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5. What are the best days and hours for you to serve on the Council?

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

6. Can you devote up to 5 hours per every three months to the group? (Meetings, Reading, Discussions, and Follow-Up Research) \_\_\_\_\_

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7. The term of service for this position will be one or two years, with half of the Council “turning over” every two years. Do you have a preference for the duration of your service on the Patient and Family Advisory Council?

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8. Do you have particular skills you believe could bring extra benefit to the Council?

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Thank you for taking the time to complete this application. Please return this completed form to Nichole Chamberlain, the Patient Experience Coordinator at Good Samaritan Regional Medical Center.

## What happens next?

When we receive your application, we will contact you to set up a time to speak together. The full process may take several weeks. You will be notified by telephone as to whether or not you have been selected for the Council. Before participating in the Council, you will be asked to sign a confidentiality statement and an Agreement to Serve.

*Official Use Only: Reviewed \_\_\_\_\_(date)*

