

Personal Information:		
Full Name (First Name/Last Name):		Phone Number:
Email:		Preferred time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Mailing Address:		
City:	Zip Code:	I am (please select one): <input type="checkbox"/> Patient <input type="checkbox"/> Family Member
I have been nominated by (please provide full name):		
Community Preference (please select one):		
<input type="checkbox"/> Corvallis <input type="checkbox"/> Lebanon <input type="checkbox"/> Lincoln City <input type="checkbox"/> Albany <input type="checkbox"/> Newport		

Please tell us about yourself:

1. While your personal opinion is of great value, your role on the team would be to represent the needs of all patients. Do you feel that you can do this? Please explain below:

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? What was the outcome?

3. Share an example(s) of your experience working with individuals different than yourself (e.g. different racial/ethnic/socio-economic backgrounds, different sexual orientations, persons with developmental disabilities, etc.). Please explain below:

4. Why do you want to volunteer as a member of the Patient and Family Advisory Council? Do you have one or more experiences with health care issues that you would bring to the group?

5. Would you be able to attend meetings held virtually and/or in person? Yes No Maybe

If maybe, please explain below:

6. If attending a meeting in person, would you need any help arranging transportation? Yes No

If yes, please explain below:

Time Commitment: Are you able to commit up to five hours per quarter (meetings, reading, discussions, follow-up research, etc.)? Yes No Maybe

If maybe, please explain below:

Preferred Meeting Time/Day:

Preferred Time (Please select all that apply): Morning Afternoon Early Evening

Preferred Day (Please select all that apply): Monday Tuesday Wednesday Thursday

Are there any times you would be unavailable?

Any additional information:

Thank you for taking the time to complete this application! Please return this completed form to:

Janessa Thom, Patient & Family Engagement Coordinator

2300 NW Walnut Blvd, Corvallis OR 97330

Phone number: 541-768-1416 | Email: jthom@samhealth.org

What happens next? When your application is received, we will call you to further discuss your application and answer any questions you may have. You will be notified whether or not you have been selected as a member of the PFAC.

Please note: Before participating as a member of the Patient Family Advisory Council, you will be asked to complete our Volunteer Requirements and sign our Agreement to Serve Confidentiality Statement.