

Patient and Family Advisory Council Membership Application

St. Bernards Medical Center

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print)

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

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

What days are you available?

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday
* Sunday

What time of day are you available?

* Morning
* Afternoon
* Evening

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

I am a: \_\_\_\_\_Patient \_\_\_\_\_Family Member

If you are a patient, what is your diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a family member, what is your loved one’s diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tell Us More About Yourself and Your Experience:**

(Feel free to use a separate piece of paper)

Tell us about your hospital and/or clinic experience (s). What would you have improved about the experience? What impressed you about your experience?

Why do you want to be involved in the Patient and Family Advisory Council?

If you have participated in any organizations or committees, please share some examples:

(These examples may be from work, community, church, etc…)

Is there anything else you would like us to know?

If you are not interested in participating, is there someone else you would like to recommend?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

St. Bernards Medical Center

Attn: Mica Knight, #79

225 East Jackson Avenue

Jonesboro, AR 72401

Phone: 870-207-1643

Cell Phone: 501-733-9125

Email: mldunn@sbrmc.org

Before participating in the PFAC you will be asked to sign a confidentiality statement and go thru both volunteer and PFAC orientation (background check required).

Date Signature