

Patient and Family Advisory Council Membership Application

Please tell us about your interest in engaging patient and families to improve patient care

Name:	
Mailing Address:	
City, State, Zip Code:	
Home Phone:	
Cell Phone:	
Email Address:	

Why are you interested in being a patient/family advisor at Stewart Memorial?

Most recent Work Experience and/or Community Involvement:

Have you ever volunteered at Stewart Memorial before? () Yes () No

If yes, year(s) and area(s):

Have you or a loved one received care with any of the following Stewart Memorial services?

- () Clinics
() Inpatient
() Emergency Department
() Rehab Services
() Other programs, services. Please list:

What experiences or special interests would you bring to PFAC?

What is the best way to contact you?

- () Email
() Phone call
() Mail

What days/times would work best for you to attend meetings?

The PFAC plans to meet for a one-hour meeting once every three months. Are you able to commit to being an advisor for a minimum of one year?

Yes

No

Thank you for your interest in applying to be a PFAC Patient and Family Advisor!
Please Return Application to Melissa Wallace, Chief Clinic Officer
melissa.wallace@stewartmemorial.org