

Valley Health System

Patient Family Advisory Council Advisor Application

Name: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Preferred contact: Home Office Mobile Email Other (please specify): _____

Home phone: _____ Office phone: _____ Mobile phone: _____

Email: _____

Please take a few minutes to complete the following questions that will help us get to know you better.

1. Are you applying from your experiences at Valley Health as a ... (Check one)

- Patient
- Family member of a patient
- Both

2. 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 each month? (Check one)

- Less than one hour per month
- One to two hours per month
- Three to four hours per month
- More than four hours per month

**3. Would you be available to participate in a monthly meeting (approx. 9-12 meetings a year)?
You can still be an advisor if you answer "No."**

- Yes
- No
- If yes, what times would work best for you (select all that apply)?
- Morning Afternoon Evening Other (please specify):



Healthier, together.

4. Would you be available to participate in a monthly phone call for 30 to 60 minutes? (You can still be an advisor if you answer “No.”) (Check one)

- Yes
- No
- If yes, what times would work best for you (select all that apply)?
- Morning Afternoon Evening Other (please specify)

5. How do you want to help? I want to: (check all of your interest areas)

- Help develop or review informational materials for patients and family members
- Help improve the patient and family role in care decision-making
- Review procedures and provide input to improve patient care experience
- Focus on planning and design of buildings
- Serve on committees designated towards a specific area of interest (i.e. Safety Committees, Pharmacy and Medication Workgroups, Pediatrics and Birthplace, Surgical Services, etc...)

Other areas of interest (please describe):

6. How did you hear about becoming a PFAC Member for Valley Health System?

Please tell us about yourself.

7. Why would you like to serve as a patient and family advisor?

8. Do you know someone else who might be interested in serving as advisors? If so, please provide us their contact information.

Name: _____

Phone: _____

Email: _____

For any questions and to return this form by mail, fax or e-mail please contact:

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email jherndo2@valleyhealthlink.com



