Patient and Family Advisor Application Form

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email Address: _____

Preferred contact (circle one): Phone Email

The following questions will help us get to know you better.

1. **Are you a…**
   - ☐ Patient
   - ☐ Family member of a patient

2. **When was your care experience at this hospital? (Check all that apply)**
   - ☐ 2024 to current year
   - ☐ 2023
   - ☐ 2022
   - ☐ 2021
   - ☐ 2020 or before

3. **What language(s) do you speak?** _____

4. **Which services have you or your family member(s) used at *Saint Mary's Regional Health System*? (Check all that apply)**
   - ☐ Inpatient ☐ Emergency Department ☐ Outpatient
   - ☐ Outpatient Ambulatory Surgery ☐ Acute Inpatient Rehab ☐ Behavioral Health

5. **We recognize that our patients and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor? (Check one)**
   - ☐ Less than 1 hour per month ☐ 3 to 4 hours a month
   - ☐ 1 to 2 hours per month ☐ More than 4 hours per month

6. **Are you available to serve as an advisor for at least 1 to 2 years?**
   - ☐ Yes
   - ☐ No

Please tell us about yourself.

7. **Why do you want to become a patient and family advisor?**

8. **Please briefly describe any experience you may have as a board or committee member.**

9. **What *Saint Mary's Regional Health System* services or projects are you passionate about or interested in working to improve?**

10. **Please share anything about yourself that you think would benefit our team of advisors.**

Thank you for taking the time to complete this application! Please return this form to *Patient Experience Lead, Jackie King.*

Jackie King, RN
Chest Pain/Patient Experience Coordinator
Saint Mary's Regional Health System
1808 W Main St, Russellville, AR 72801
479-964-3115
jacklyn.king@saintmarysregional.com

Before becoming an active PFAC member you will be asked to sign a confidentiality agreement, agree to a routine background check, participate in our interview process and attend both volunteer and PFAC orientation.

Signature: _____ Date: _____