

## PATIENT AND FAMILY ADVISORY COUNCIL

## **Patient and Family Advisor Application**

Please complete this application if you are interested in becoming a Patient and Family Advisor (PFA) for Lower Umpqua Hospital District.

First Name	Last Name		Title
Physical Address	City	State	Zip
Mailing Address □ Same as above	e City	State	Zip
Home Phone □ Ok to call	Vork Phone □ Ok to call Cell Phone □ Ok to call		
Email address □ Ok to send corre	espondence		
Demographic Information – <i>Opt</i>	ional		
Date of Birth	Age	Gender	
Pronoun(s) used	Education	Colleg	e
Please answer these questi	ions.		
Are you a patient, family membors Umpqua Hospital District in the □ No □ Yes		ho has received o	are from Lower

2.	Why are you interested in becoming a Patient and Family Advisor?
3.	Briefly describe any experience you may have had as an advisor, an active volunteer, or as a public speaker.
4.	As a Patient and Family Advisor, what strengths and skills would you bring to the council?
5.	What are your current ideas for how we could improve the experience of our patients and families?
6.	How much time are you likely to have in your schedule to participate as a Patient and Family Advisor?

Completed applications can be returned to the Director of Quality/Risk Management