UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

Patient and Family Advisory Council (PFAC) Member Application

Name: _____

Address: _____

Email: _____ Phone: _____ Mobile: _____

Please tell us about your experience at University of Maryland St. Joseph Medical Center (UM SJMC)

1. Have you ever been hospitalized at UM SJMC?
   ☐ Yes ☐ No
2. Have you ever been a caregiver for a patient who was hospitalized at UM SJMC?
   ☐ Yes ☐ No
3. Within the past two years, have you or a loved one received care at any of the following UM SJMC services? Please check all that apply.
   ☐ Inpatient
   ☐ Outpatient
   ☐ Emergency Department
   ☐ Other program/services. Please list.

   _____
4. How would you describe your, or your loved one's, hospital experience(s) at UM SJMC?

_____

_____

Please tell us more about you.

5. Why are you interested in volunteering your time to work on the UM SJMC PFAC?

_____

6. Do you volunteer in your community? If so, which organizations?

_____

_____

7. Do you feel comfortable working in groups, speaking up and providing input?
   ☐ Yes ☐ No
8. Is your schedule flexible enough to attend routine monthly meetings?
   ☐ Yes ☐ No
9. What special interests, experiences or talents would you offer the PFAC?

_____

10. PFAC members frequently communicate through email using Word/Excel/Power Point. Are you able to use email and receive documents in these formats?
    ☐ Yes ☐ No
11. Are you willing to sign an agreement promising not to disclose confidential information?
    ☐ Yes ☐ No

Thank you for your interest in applying to be a PFAC member. Please save your completed application to your computer, attach it to an email and send to Amee Gingher, PFAC Secretary at ***amee.gingher@umm.edu****.*