

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 Laura Trazzi, Patient Advocate, at LauraS@umm.edu.