



# Forks Community Hospital

"Pioneers in Rural Health Care"

## Patient & Family Advisory Council Application Term 2019-2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of communication:  Home phone  Cell Phone  Email  Text

### Patient & Family Advisory Council

The Forks Community Hospital Patient & Family Advisory Council will consist of a mix of community members, as well as staff, who will come together to enhance the overall patient experience at FCH. We are looking for individuals who have been a patient here or have had a close family member in our facility and would like to share their experience. Through your experience here at FCH we would like you to work with us to advise on improving the patient and family experience, implementing new and improving existing plans, activities, and programs all while improving hospital quality and safety.

**Would you be able to meet once a month in the Evening for approximately 1-2 hours?**

\_\_\_\_ Yes \_\_\_\_ No

**Can you commit to:  1 year term  2 year term?**

Have you/family member had an experience at one of our medical facilities (hospital/clinic) in the past 2 years? Can you tell us about this experience? What stood out to you?

Please describe to us what you would hope to contribute by being a member of our Patient & Family Advisory Council?

Have you ever served on an Advisory council? If so, what was your experience like?

Do you have any special interests in healthcare?

Are you willing to take our required immunizations to serve on this Council?

Yes  No If you have questions, you may contact Nikki Reed RN Infection Control at  
360-374-6271 Ext. 510

Are you willing to undergo a background check?

Yes  No

Are you willing to sign an agreement to not disclose any confidential information?

Yes  No

Are you willing to undergo drug screening if needed?

Yes  No

Are you aware of any conflicts of interest? Please describe.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We would like to thank you for your interest in serving on the Forks Community Hospital Patient & Family Advisory Council. All applications will be due by **July 10, 2019** and then reviewed by staff. Potential candidates will then be contacted for an interview by **July 24, 2019**.

**Please return this application to Human Resources.**

Kelly Thompson RN Case Manager  
Forks Community Hospital  
530 Bogachiel Way  
Forks, WA 98331  
Questions: 360-374-6271 ext. 327