



Forks Community Hospital

"Pioneers in Rural Health Care"

Patient & Family Advisory Council Application Term 2023-2025

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/existing plans, activities, and programs all while improving hospital quality and safety.

Can you meet on the 3rd Tuesday of every month from 2:00-4:00 pm to attend our meetings?

____ 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?

Yes No

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

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 _____ and then reviewed by staff. Potential candidates will then be contacted for an interview by _____.

Please return this application by _____, to:

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