

# Patient and Family Advisor Application Form

Name (First and Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Preferred contact (check one):  Work phone  Home phone  Cell phone  Email

Date of birth: \_\_\_\_\_ Completed Education:  High School  College  Post-graduate

Work Status:  Employed  Unemployed or Retired

Last place of employment: \_\_\_\_\_

If currently employed, name of company: \_\_\_\_\_

Position: \_\_\_\_\_

Personal Reference (no relatives, please): \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for Tallahassee Memorial to contact my reference.

## The following questions will help us get to know you better.

1. Are you a...

Patient

Family member of a patient (Patient's name: \_\_\_\_\_)

2. When was your care experience at this hospital? (Check all that apply.)

2019

2018

2017 or before

3. We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor? (Check one)

Less than 1 hour per month

1 to 2 hours per month

1 to 2 hours every other month

More than 4 hours per month

4. Please list times you are able to attend meetings (check all that apply)

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Weekend: \_\_\_\_\_

5. Are you available to serve as an advisor for at least 1 to 2 years?

Yes

No

6. Are you currently an active TMH Volunteer/Auxilian?

Yes

No

7. My care provided at TMH was primarily at: (check all that apply)

Hospital (inpatient)

Clinic visit

Emergency Department

Other programs: \_\_\_\_\_

8. Why do you want to become a patient and family advisor?

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9. Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.

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10. Please describe any specific things that doctors or hospital staff did or said while you or your family member were in the hospital that were helpful to you or your family.

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11. Please describe any specific things that doctors and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.

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12. Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

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Please return this form to: Patient Experience Department, Tallahassee Memorial HealthCare, 1300 Miccosukee Road, Tallahassee, Florida, 32308 or email to [PatientExperience@TMH.org](mailto:PatientExperience@TMH.org)