Include Always Patient & Family Advisory Council Application

Name: ___________________________________________________________

Phone: Work: ______________ Home: _______________ Cell: ___________

Email: ___________________________________________________________

What is the best way to contact you (i.e., home, work, email)?

☐ Home    ☐ Work    ☐ Email

☐ Cell Phone    ☐ Texting

Within the past 2 years, have you or a family member used any of the following services at Northfield Hospital & Clinics?

☐ Emergency Department    ☐ Infusion Center    ☐ Diagnostic Testing
☐ Surgery Center    ☐ Oncology / Chemotherapy    ☐ Business Office
☐ Hospital    ☐ Long Term Care Center    ☐ Release of Information
☐ The Birth Center    ☐ Home Care    ☐ Rehabilitation Services
☐ NH&C Clinic(s)    ☐ Hospice    ☐ Other: ___________
☐ Women’s Health Clinic    ☐ Ambulance

Are you willing to sign a consent and abide by our confidentiality and privacy laws?  

☐ Yes    ☐ No

Briefly tell us about yourself and your involvement / experiences with Northfield Hospital & Clinics

Why are you interested in serving on the Include Always Patient & Family Advisory Council?

Do you have any previous experience serving on a committee either through your job, community, or school or have a background that would be helpful? Please explain.
Process for applicants

- Applicants will submit a hard-copy of the *Include Always* Patient & Family Advisory Council Application to the Patient Advocate.
- Applicants will need to complete a General Volunteer Orientation. Sessions are 1 ½ hours monthly at the hospital.
- Applicants will complete background study form and other documents at the General Volunteer Orientation.
- Applicants will be asked to complete a Pre-Volunteer Health Screening Appointment. At this appointment, volunteers will complete health screening forms and receive a TB blood test.
  - Infection Prevention Immunization Guidelines include:
    - Patient Partners born before 1957 do not need to locate immunization record.
    - Patient Partners born after 1957 will need to provide immunization records of MMR (Measles, Mumps, Rubella), Varicella (Chicken Pox), and Tdap (Tetanus, Diphtheria, Pertussis). If these are not found, immunities can be determined by a blood draw titer.