



always

### 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?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Emergency Department  | <input type="checkbox"/> Infusion Center         | <input type="checkbox"/> Diagnostic Testing      |
| <input type="checkbox"/> Surgery Center        | <input type="checkbox"/> Oncology / Chemotherapy | <input type="checkbox"/> Business Office         |
| <input type="checkbox"/> Hospital              | <input type="checkbox"/> Long Term Care Center   | <input type="checkbox"/> Release of Information  |
| <input type="checkbox"/> The Birth Center      | <input type="checkbox"/> Home Care               | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> NH&C Clinic(s)        | <input type="checkbox"/> Hospice                 | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Women's Health Clinic | <input type="checkbox"/> 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.