Cincinnati Children's

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Family Advisor
Cincinnati Children's Hospital Medical Center

2009 FAMILY APPLICATION FORM

Please complete this form if you are interested in giving back to Cincinnati Children's Hospital Medical Center as a family advisor for the Family Advisory Council, other advisory team, or improvement team.

Name:_____ Home Phone:_____

Address:_____ Work/Cell Phone:_____

City/State/Zip:_____ Email:_____

What is the best way to contact you and when?_____

Child/Children's birthdate/s:_____

How would you like to help the hospital as family advisor? (Check all that apply.)
___ review items via email ___attend regular meetings ___attend occasional meetings ___join a committee

Thank you for taking the time to complete this application to become a family advisor for the Cincinnati Children's Hospital Medical Center. Please write brief but *descriptive* answers to the following questions in the spaces provided.

1. Why are you interested in partnering with the hospital as a family advisor?

2. What are some of the specific things that health care professionals do/have done to help you and your family when you receive health care services. (You may include experiences outside Cincinnati Children's.)

3. What are some of the things you would like health care professionals to do differently to better help patients and families?

4. Have any Cincinnati Children's departments, including outpatient services, emergency department, urgent care, or clinics, served you or your family? (You do not need experience at this hospital to be considered.)

5. Is there anything else that you would like to add?

All information contained on this form is considered confidential and is intended for use by the Cincinnati Children's Family Advisor Selection Committee only. You will be contacted upon receipt of this application form to participate in a face-to-face interview (the interview may be completed at the Family Advisor Open House). If selected, all Family Advisor applicants must pass a background check.

Thank you! Please email this document to fac@cchmc.org or mail it to:
Joy Bennett, Co-chair, Family Advisor Selection Committee
Cincinnati Children's Hospital Medical Center
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Cincinnati, OH 45229-3039