

PATIENT AND FAMILY PARTNERSHIP COUNCIL MEMBERSHIP APPLICATION

Thank you for your interest in becoming a member of the Patient and Family Partnership Council (PFPC) at North Shore University Hospital. Please complete the below information so we can get to know you better. **Please PRINT Clearly:**

Name:

Address:

Telephone Number (s): Please indicate preferred phone number and best time to reach you:

Work:

Home:

Mobile:

Email:

Why would you like to be a member of the Patient and Family Partnership Council?

List units and/or departments you have encountered during your time at NSUH:

What else would you like us to know about you?

What times are you able to attend meetings/events: (check all that apply):

Mornings Afternoons Evenings

What days of the weeks are best for you? (Check all that apply):

Monday Tuesday Wednesday Thursday Friday

Commitment Interest:

I am interested in a **2 year Quarterly** commitment to the Patient and Family Partnership Council.

I am interested in participating in a short-term project or panel.

I understand that volunteer membership on the Patient and Family Partnership Council will be based upon approval by the PFPC Council. All accepted members need to be on-boarded as a volunteer to our hospital.

Please email this completed application to the Patient & Family Centered Care Department at PatientandFamilyCenteredCareNSUH@Northwell.edu

Please contact 516-562-4772 with any questions and/or concerns.

Applicant's Signature

Date:

