

**PATIENT AND FAMILY ADVISORY COUNCIL (PFAC)**

**INFORMATION SHEET AND VOLUNTEER APPLICATION**

**What is the Patient and Family Advisory Council?**

Tampa General Hospital’s Patient and Family Advisory Council (PFAC) is a diversified group of patients who regularly meet to advise Tampa General Hospital on how we can enhance the patient experience by providing better patient centered care and fulfill our goal of becoming the healthcare choice for our community. Join our Patient and Family Advisory Council volunteer and help us create patient-centered care through your insight and voice.

**Why should I join the PFAC?**

By becoming a PFAC member and sharing your unique experience, you can help us improve our services and make a difference in the lives of other patients and their families. If you are selected to become a member, you will be asked to attend monthly meetings and represent the PFAC on one or more committees. There is no educational background or experience required.

**Who is eligible to serve on PFAC?**

To become a member of the PFAC, you must:

* Be a former patient, family member and/or caregiver
* Be able to commit to monthly meetings and serve consistently
* Share Tampa General Hospital’s commitment to excellence in patient-centered care
* Have a positive approach and ability to share and see different points of view

**How can I join PFAC?**

You must complete an application and go through an interview. Space is limited so it is possible that not all applicants will be able to serve on the Council, but all applications will be kept on file as future openings occur. Please contact Patient Advisory Coordinator Kristen Woodruff at the Patient Experience Office at (813) 844-8152 if you are interested in completing an application process.

***We are currently accepting applications for the PFAC!***

**Application Process Requirements/Steps:**

1. PFAC/Volunteer Services Application
2. Interview
3. Volunteer Services Review
   1. Background check form
   2. HIPAA Acknowledgement form
   3. Conflict of Interest Form
   4. Copy of Driver’s License
4. Volunteer Online Orientation- *link provided to you by Volunteer Services once application submitted*
5. Photo and PFAC badge creation at TGH Human Resources

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**MEMBERSHIP APPLICATION**

*Thank you for your interest in the Patient and Family Advisory Council. Membership requires your successful completion of the registration process with Tampa General Hospital, including but not limited to: a criminal background check a formal interview process, a mandatory orientation, and - if applicable - a health screening, which may include TB testing. All your information will be treated as confidential.*

**Please PRINT all information clearly.**

|  |  |
| --- | --- |
| Name: | |
| Address: City/State/Zip Code: | |
| Telephone Number(s): *Please indicate your preferred telephone number and the best time to reach you:*  Work: Home: Cell: i  Email Address: Time preferred: AM: PM: | |
| Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you EVER been convicted of a crime, plead guilty, nolo contender (no contest) or had adjudication withheld? YES or NO  If YES, give dates, nature and final disposition of each:  *A criminal conviction will be considered only as it applies to the volunteer position for which you are applying. The seriousness, nature of the offense, time lapsed, and rehabilitation will be taken into account.*  Please indicate your willingness to share your contact information with other members: 🞏Yes 🞏No  Please check all that apply: I am the 🞏Patient 🞏Spouse/significant other 🞏Caretaker 🞏Other  I (or my loved one) have/has been treated at Tampa General Hospital since (year)  Additional language(s) spoken: i  Please tell us which TGH service(s) you/your loved one have used during the last two years: | |
| Please tell us which activities you might be interested in: | |
| 🞏  🞏  🞏  🞏  🞏 | Reviewing policies and procedures  Improving the experience for patients and their families  Developing educational materials  Improving patient safety  Other projects/interests, please explain: |
| Please tell us why you are interested in joining the Patient and Family Advisory Council:  Please describe any other committee experience you have had either at schools, in the community, through churches, etc. and list organizations and activities in which you have been active. | |
| Do you have experience with public speaking? 🞏Yes 🞏No  Are you comfortable speaking in a group setting? 🞏Yes 🞏No | |
| What are some things the staff did or said that made your experience at Tampa General Hospital more difficult? | |
| What are some things the staff did or said that made your family’s experience at Tampa General Hospital easier for you? | |
| What is the easiest way for you to participate in meetings? 🞏In Person 🞏Conference Call  I certify that the answers given by me are true, accurate and complete. I authorize the investigation of all statements or information that I have made on this volunteer application. I understand that any misrepresentation or omission of facts requested from this application is cause for disqualification from the volunteer process. I understand that by submitting an application, I am 18 years of age and out of high school, and that I am applying for a volunteer appointment, and that this is not an application for, or contract of, employment, and that, if appointed, I will submit to all hospital requirements and take all required trainings where applicable. I understand that as a volunteer I will not be compensated for my service.  **Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Please return your complete\* application via email to:** [**kwoodruff@tgh.org**](mailto:kwoodruff@tgh.org) **or mail to:**

**Tampa General Hospital**

**Patient Experience Office**

**Attn: Kristen Woodruff**

**1 Tampa General Circle**

**Tampa, Florida 33606**

\*Submitted application should include:

1. This 4-page completed application
2. Completed Background check form
3. HIPAA Acknowledgement form
4. Conflict of Interest Form
5. Copy of Driver’s License

***Thank you for taking the time to tell us about your interest in the Patient and Family Advisory Council at Tampa General Hospital.***