

**PEDIATRIC FAMILY ADVISORY COUNCIL (pFAC)**

**MEMBERSHIP APPLICATION**

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

**Please PRINT all information clearly.**

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| --- | --- |
| 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: | |
| 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 have been treated at Tampa General Hospital since (year)  Additional language(s) spoken: i  Please tell us which service(s) you/your loved one have used during the last two years: | |
| Please tell us which activities you might be interest 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 Pediatric Family Advisory Council:  Please describe any other committee experience you have had either at schools, in the community, through churches, etc.? | |
| 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 | |

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

**Tampa General Hospital**

**Patient Experience Office**

**1 Tampa General Circle**

**Tampa, Florida 33606**

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