

# Statement of Interest

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Preferred: \_\_\_\_\_ Secondary: \_\_\_\_\_

Thank you for taking the time to complete this Statement of Interest in joining the Rush Memorial Hospital Patient and Family Advisory Council (PFAC). All information is considered confidential.

You do not need experience at this hospital to be considered for membership.

Please complete your responses below and return this form to Rush Memorial Hospital:

1. Why are you interested in partnering with the hospital as a Patient and Family Advisory Council member?
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?
3. What are some of the things you would like health care professionals to do differently to better help patients and families or improve patient care experiences?
4. Have any of Rush Memorial Hospital's departments (including physician offices, emergency department, ambulance service, laboratory, etc.) served you or your family? \_\_\_\_Yes \_\_\_\_No If yes, how long ago? within the last year within the last 5- years within the last 5-10 years over 10 years ago
5. What special interests or experiences would you bring to Rush Memorial Hospital's Patient and Family Advisory Council?
6. If selected as a member of RMH's Patient and Family Advisory Council, you would have to be able to commit to one meeting per quarter.  
Would you be able to make this commitment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Which day of the week would you prefer for a lunch meeting? \_\_\_\_\_
7. Is there anything else that you would like to add?

Signature \_\_\_\_\_

If you would like additional information, please contact the VP of Human Resources at (765) 932-7506. Thank you for your interest in the RMH Patient and Family Advisory Council.