



Include Always Patient & Family Advisory Council Application

Name:			_
Phone: Work:	_ Home:	Cell:	_
Email:			-
What is the best way to conta	ct you (i.e., home, v	ork, email)? Circle one.	
Home	Email		Texting
Work	Cell Pho	one	
Within the past 2 years, have Northfield Hospital & Clinics?			lowing services at
Emergency Department Surgery Center Hospital The Birth Center NH+C Clinic(s) Women's Health Clinic		nter Chemotherapy Care Center	Diagnostic Testing Business Office Release of Information Rehabilitation Services Other:
Are you willing to sign a conso Yes No	ent and abide by ou	ır confidentiality and pri	vacy laws? Circle One.
Briefly tell us about yourself a	and your involveme	ent / experiences with No	orthfield Hospital & Clinics
Why are you interested in ser	ving on the <i>Include</i>	Always Patient & Family	y Advisory Council?
Do you have any previous experience serving on a committee either through your job, community, or school or have a background that would be helpful? Please explain.			

Process for applicants

- Applicants will submit a hard-copy of the *Include Always* Patient & Family Advisory Council Application to the Patient Advocate.
- Applicants will need to complete a General Volunteer Orientation. Sessions are 1 ½ hours monthly at the hospital.
- Applicants will complete background study form and other documents at the General Volunteer Orientation.
- Applicants will be asked to complete a Pre-Volunteer Health Screening Appointment. At this appointment, volunteers will complete health screening forms and receive a TB blood test.
 - o Infection Prevention Immunization Guidelines include:
 - Patient Partners born before 1957 do not need to locate immunization record.
 - Patient Partners born after 1957 will need to provide immunization records of MMR (Measles, Mumps, Rubella), Varicella (Chicken Pox), and Tdap (Tetanus, Diphtheria, Pertussis). If these are not found, immunities can be determined by a blood draw titer.