

**NORTHWELL HEALTH 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 Phelps_____. Please complete the below information so we can get to know you better. All of your information will be kept confidential.

Name: _____ **Address:** _____

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

Work: _____ **Home:** _____ **Mobile:** _____

Email: _____ **Language(s) you speak:** _____

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

List healthcare services you have used or areas of special interest:

What else would you like us to know about you?

Will you allow your contact information to be shared with other Council members?

Yes No

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** commitment to the Patient & Family Partnership Council

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

By submitting this application, I understand that volunteer membership on the Patient and Family Partnership Council will be based upon approval by the PFAC Council.