

Patient and Family Advisor Application

General Application

St. Joseph's Healthcare Hamilton is always recruiting patients and families of patients who receive care at our hospital as **Patient/Family Advisors**. Patient/family advisors provide a voice that represents all patients and families of patients who receive care at St. Joe's.

Being a patient/family advisor may be a good match with your skills and experience if you can:

- Partner with staff to help improve hospital care for others
- Talk about your experiences and can think beyond your own personal experiences
- Talk about both positive and negative care experience, share your thoughts on what went well and give your opinion on how things could have been done differently
- Volunteer with a variety of people

If you or a family member has had recent experience at St. Joseph's Healthcare Hamilton, we encourage you to apply:

Today's Date: _____

Your Name: _____

Home Address: _____

Phone (Daytime): _____

Phone (Cell/other): _____

Email Address: _____

Please check one:

- Student, Grade/level ____ School _____
- Occupation _____
- Other _____

How would you like to be involved as a patient/family advisor?

(Check all that apply.)

- Sharing your story with health care providers, staff and other patients
- Participating in committee work
- Participating in short-term projects (e.g. Reviewing or helping to create material like websites, forms, information handouts, ...)
- Serving on the advisory council
Would you be able to commit to attend 9 meetings per year at St. Joe's for a term of two years? Yes No
- Serving on one of the hospital councils (e.g. Mental Health, Surgery, Women's & Infants, '...')

Why have you applied to become a Patient and Family Advisor? _____

What issues/areas are of special interest to you?

Which St. Joseph's Healthcare Hamilton departments, including outpatient services or clinics, have served you or your family and approximately when? _____

To submit completed application or get more information:
Phone: (905) 522-1155 x **33148** | Email: patfamadvisory@stjoes.ca
www.stjoes.ca/patientcouncil

Who should we contact in case of emergency?

Contact name: _____

Contact phone: _____

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes No

Are you aware of any physical or mental limitations which may prevent you from performing any or a specific volunteer role at St. Joseph's Healthcare Hamilton? _____

Do you possess any of the following skills?
(This is merely to be able to help the executive in the assignment of duties. **Please check those that apply.**)

Basic Computer Skills Advanced Computer Skills Speaking in Front of An Audience Assisting in Developing Reports and Position Papers

List skills, talents or training that you would contribute to the hospital: _____

Please read carefully before signing.

St. Joseph's Healthcare Hamilton is committed to receiving and treating personal information in confidence. The information in this application is collected and used by and on behalf of the organization for the purpose of evaluating the applicant's eligibility to participate as a Patient/Family Advisor and for any correspondence or record keeping necessary to

manage the Patient/Family Advisors' relationship with the organization.

I hereby declare that all information provided in this application is true and accurate, I authorize and consent to the organization making inquiries of third parties as are necessary to evaluate my eligibility and I acknowledge and understand that any inaccuracy or misrepresentation will be grounds for immediate dismissal.

I understand that I will not be paid for my services as a volunteer Patient/Family Advisor. I agree to abide by the guidelines of Volunteer Resources, to respect patient confidentiality, and to uphold the traditions and standards of St. Joseph's Healthcare Hamilton. I understand that membership on any Councils or Committees at St. Joseph's Healthcare Hamilton will be based upon approval from Volunteer Resources, Council/Committee co-chairs and Program Manager if applicable. Professional staff will choose volunteers they feel are best suited for the position based on interviews and group consensus. Patient/Family Advisors will demonstrate a readiness to help others, maintain respect for collaboration and assist St. Joseph's Healthcare Hamilton in delivering quality patient care.

I understand that membership on a Council or Committee requires my commitment to attend regular meeting as described in that committee's Terms of Reference.

Applicant Signature: _____
Date: _____

All information contained on this form is confidential and is for use by St. Joseph's Healthcare Hamilton only for the purpose of volunteering as a Patient/Family Advisor.

Thank you!

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