

St. Joseph's Healthcare Hamilton is always recruiting patients and families/caregivers of patients, who receive care at our hospital or any other healthcare organization as **Patient/Family Advisors**. Patient/family advisors provide are volunteers who provide the perspective of patients, families, caregivers at St. Joseph's Healthcare Hamilton. They work together with staff and physicians to help improve the quality of our hospital's care for all patients and their family members.

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

Your Name:

Today's Date:

Home Address:

Phone (Daytime):

Phone (Cell/Other):

Email:

Please check one:

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 different working group/committees

Participating in short-term projects (e.g. Reviewing or helping to create material like websites, forms, information handouts, etc.)

Being a member of patient and Family Advisory Councils on the advisory council

Being a member of one of the program councils (e.g. Mental Health, Surgery, Women's & Infants, etc.)

Minimum commitment participation is 2 hrs./month and some programs and groups have virtual participation options.

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?

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!

If you cannot fill up the online form, please e-mail the application to patfamadvisory@stjoes.ca, OR call us at (905) 522-1155 x **33148**

Mail option to:

Quality Department

225 James Street South, Unit C200, Hamilton, Ontario, Canada L8P 3B2

St. Joseph's
Healthcare  **Hamilton**