

**PERSONAL INFORMATION**

|                            |             |
|----------------------------|-------------|
| <b>Office Use Only</b>     |             |
| Application Received _____ | PIN # _____ |
| Interview _____            |             |
| Orientation _____          | [ ] SENT    |

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Have you ever been employed, volunteered or applied previously at Merrimack Health? \_\_\_\_\_  
If yes, please provide title and dates \_\_\_\_\_

I am currently: \_\_\_Community Representative \_\_\_Patient \_\_\_Family Member

**INTEREST** \_\_\_Member of PFAC (Patient and Family Advisory Committee) meets quarterly  
\_\_\_Quality and Patient Safety Committee Patient Advisor, meets monthly  
\_\_\_Patient Family Advisor on committee or project -

View current opportunities in our Volunteer Opportunities Directory on our website:  
[www.mhlawrencehospital.org](http://www.mhlawrencehospital.org)

How did you learn about our Patient & Family Advisor opportunities? \_\_\_\_\_

List any special skills and interests that you have \_\_\_\_\_

**AVAILABILITY:**  mornings 8 or 9am-1pm  afternoons 1-3pm  evenings 3-7pm  
(under 18, you cannot volunteer past 7pm)

**PREFERRED DAYS:**  Mondays  Tuesdays  Wednesdays  Thursdays  Fridays

**TELL US YOUR EXPERIENCE WITH**

- 1) Tell us about your experience with Merrimack Health.
  
- 2) What impressed you about your experience?
  
- 3) What would you have improved about the experience?
  
- 4) Why do you want to be involved in the Patient and Family Advisory Council or a Patient Family Advisor?
  
- 5) Is there anything else you would like us to know?

**SIGNATURE**

- The information on this application is true to the best of my knowledge. I understand that false statements made as part of this application will be considered cause for dismissal.
- I understand that if I am accepted as a patient advisor/volunteer, I will not be paid for my services.
- I understand that if I am accepted as a patient advisor/volunteer, I will agree to abide by the guidelines of the Patient & Family Advisory Program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*If you are under 18 years of age, the signature of a parent or guardian is required below.*

\*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email a scanned copy or mail completed application:**

**Merrimack Health**  
Volunteer Services  
1 General Street  
Lawrence, MA 01841

**Please share your interest by checking items below to inquire of Patient Family Advisor (PFA) opportunities.** *A PFA is a person who brings their experience as a patient or family member to the decision-making table. An Advisor looks at the big picture through the lens of their own experience. Our hospital may or may not have the following hospital-wide committees, projects, task forces or work groups. The following list is derived from question #28 of the Annual PFAC Report :*

- Behavioral Health/Substance Use
- Bereavement
- Board of Directors
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Culturally Competent Care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe):