



MEMBER APPLICATION: PATIENT/FAMILY ADVISOR
- Patient Family Centered Care (PFCC) Program

Thank you for your interest. Patient-Family Centered Care (PFCC) membership requires successful completion of the registration process with the UMHS's Volunteer Services Department, including but not limited to a health screening which includes TB testing, a criminal background check, a confidentiality agreement, a formal interview process, and a volunteer orientation. Complete all UMHS volunteer application forms (see <http://www.med.umich.edu/volunteer/images/UMHS-Volunteer-Application.pdf>) as well as the CVC PFCC application. You can either complete them online or download and complete. If you need help to do so, please let us know.

Please PRINT all information clearly.

Name: _____

Address: _____ City/State/Zip Code: _____

Telephone number(s) - preferred phone number and best time to reach you:

Work _____ - _____ - _____ Home _____ - _____ - _____

Cell _____ - _____ - _____ Fax _____ - _____ - _____

Best time to call: _____

E-mail address: _____

Are you?

- Adult patient currently in treatment
- Adult patient formerly in treatment
- Other

- Family member of current adult patient
- Family member of former adult patient
- Bereaved family member

Patient's name is _____

Date of last appointment/care at CVC-UMHS (month/year): _____

Diagnosis [describe] _____

Care involved [check all that apply]

- Surgery-Procedure
- Medicines
- Prevention-Counseling
- Other:

If you are a family member, are you patient's

- Spouse/significant other?
- Parent?
- Daughter/son?
- Other (describe – e.g. legal guardian, etc.) _____
- Sibling?
- Grandparent?
- Grandchild?

Please list your area(s) of special interest:

How did you hear about the CVC Patient Family Center Care Program?

- Brochure CVC Faculty/Staff Family/friends
 Other - _____

Why would you like to become a Patient Family Centered Care Advisor?

The brochure lists several ways to be involved in PFCC; do you have a preference?

- PFAC – Patient Family Advisory Committee
 Think Tank
 Review Panel
 Public Relations
 Survey Advisor
 Unsure

Comment on your experience(s) as a patient or family member:

Conditions of PFCC Volunteer Advisors (Please read before signing):

- I certify that the statements made in this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer member (“Advisor”) of the PFCC Program.
- I agree to abide by the guidelines of the Cardiovascular Center and UMHS Volunteer Services, to respect patient confidentiality, and to uphold the traditions and standards of University of Michigan Health System.
- I understand that selection as a PFCC Advisor is approved by Volunteer Services and PFCC Leadership, based on interviews as well as PFCC program need. Advisors are volunteers who demonstrate a readiness to help others, maintain respect for collaboration and assist UMHS in delivering quality patient care.
- If applying for PFAC: I understand PFAC requires my commitment to attend monthly meetings.

Applicant’s Signature _____ Date _____

For those applying as a family member: Family members must include patient’s name and obtain his/her signature to indicate that s/he understands you may use his/her name and/or medical history in your capacity as PFCC Advisor.

Patient Name: _____, Signature: _____ Date: _____

Please return completed application to:

Patient and Family Centered Care Program, c/o Mardigian Wellness Resource Center – Room 2101 CVC,
Cardiovascular Center, University of Michigan Health System
1500 E. Medical Center Drive, Ann Arbor, MI 48109-5870

Mardigian Wellness Resource Center
Phone: (734)-232-4120 E-mail: CVC-WRC@med.umich.edu