



Grande Ronde Hospital
900 Sunset Drive
La Grande, Oregon 97850

Application for Patient and Family Advisory Council (PFAC)

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Are you currently employed? Yes No If yes, where? _____

Please briefly describe the following:

Work Experience: _____

Education: _____

Vocational or Special Training: _____

Community and Club Affiliations: _____

Volunteer Experience: _____

Special Skills: _____

Hobbies and Interests: _____

What hours are you available? Mornings Afternoons Evenings

What days are you available? SUN MON TUES WED THURS FRI SAT

What is your preferred way of receiving communication?

Regular Mail E-mail Home Phone Cell Phone _____

Have you received care at Grande Ronde Hospital? Yes No

Why are you interested in joining PFAC? _____

Are there any specific concerns you would like PFAC to discuss? _____

References - Please list two professional references and one personal reference for the PFAC team to contact. Please include name, address, phone, and in what capacity the person knows you for each reference.

1. _____

2. _____

3. _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Emergency Contact - List the name(s), address(es), and phone number(s) of person(s) to call in case of an emergency:
