

# Somerset Hospital

## Patient/Family Advocacy Counsel

### Interest Application

I am interested in volunteering my time to share my experiences and ideas as a patient or as a family member who has been treated at Somerset Hospital. I would like to be contacted so that I can share my experiences and make a positive difference for our local hospital.

I would be expected to:

- Attend regularly scheduled monthly meetings (at least 75%)
- Listen to different opinions while sharing my own
- Respect others and their ideas
- Work as a part of this team

Name \_\_\_\_\_

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

Best time to call (morning/afternoon/evening) \_\_\_\_\_

Email Address \_\_\_\_\_

I am (mark all that apply)

A patient that receives care at Somerset Hospital

A family member of a patient who receives care at Somerset Hospital

I am a patient with a chronic health condition (e.g. Diabetes, Heart Failure, Depression, Arthritis, Asthma, etc.)

I am involved in the care of someone who has a chronic health condition

***Thank you for your interest in the Patient/Family Advocacy Counsel and for taking the time to complete this preliminary application. If you have any questions, please feel free to contact Amber Cross at 443-5809, Pamela Ream at 443-5092, or Nichole Popich at 443-5177.***

Please put an "X" in the Days and Times you would be available to meet for an interview:

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
Evenings					

Please return your completed application to:

Somerset Hospital  
 c/o Amber Cross  
 225 South Center Ave  
 Somerset, PA. 15501