



## Person-and Family-Centered Care Person-and Family-Advisor Application

ADVISOR CONTACT INFORMATION			
Last Name	First Name	Middle initial	
Date of Birth (optional) (dd/month/yyyy):			
Address	City/town	Province	Postal Code
Telephone Numbers: Home		Other	
Email:			
In Case of Emergency Contact:		Relationship:	
Telephone Numbers: Home		Other	

ADVISOR HISTORY
<p>Have you previously volunteered for one of the sites within Western Health? If yes, indicate when and the role you held:</p>  
<p>Please list any other volunteer positions you have held:</p>  
<p>Indicate what best describes you (select one):</p> <p> <input type="checkbox"/> Employed              <input type="checkbox"/> Retired              <input type="checkbox"/> Seeking work              <input type="checkbox"/> Student              <input type="checkbox"/> Other:         </p>
<p>Indicate the highest level of education obtained:</p> <p> <input type="checkbox"/> University              <input type="checkbox"/> Diploma              <input type="checkbox"/> High school              <input type="checkbox"/> Other:         </p>
<p>Area of study:</p> 

AVAILABILITY - When are you available to participate in committee activities?							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
<p>Are there other times of the year when you are <i>unable</i> to volunteer (e.g. summer, spring break, etc.)?</p> 							
<p>If accepted, how long are you able to commit to this committee? (select one):</p> <p> <input type="checkbox"/> Short term basis (up to 6 months)  <input type="checkbox"/> Longer term basis (longer than 6 months)  <input type="checkbox"/> Other - please describe:         </p>							



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INTEREST & ABILITIES
<p>In the past three (2) years have you or your family member used the services of Western Health?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>If yes, are/were you a:</p> <p><input type="checkbox"/> Client/Patient/Resident    <input type="checkbox"/> Family Member</p>
<p>Why are you interested in serving as a Person- and Family-Advisor?</p>
<p>Do you have any specific areas of interest related to the care and services provided by Western Health?</p>
<p>Are there any specific service or program areas that you are interested in being a Person- and Family-Advisor for?</p>
<p>Please identify any skills, experience, or knowledge you have that would be a benefit to this role:</p>
<p>How did you find out about this Person- and Family-Centered Care Committee opportunity at Western Health?</p> <p><input type="checkbox"/> Media (newspaper, radio, etc.) <input type="checkbox"/> Western Health Employee <input type="checkbox"/> Referral from Health Care Professional <input type="checkbox"/> Western Health Website <input type="checkbox"/> Family or Friend <input type="checkbox"/> Social Media <input type="checkbox"/> Other - please describe:</p>



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### REFERENCES

Please provide the names and telephone numbers for 2 references:

### CONFIRMATION

Please read and check before signing:

- I understand that submitting this application and/or being interviewed does not guarantee a position as an advisor.
- I understand that Western Health requires that I submit a certificate of conduct (*Additional details to be provided during the interview*)
- I understand that, prior to beginning as an advisor I must sign a confidentiality oath.

Signature: \_\_\_\_\_ Date (dd/month/yyyy): \_\_\_\_\_

Please send completed forms to Mariel Parcon, Regional Manager Research and Evaluation at [marielparcon@westernhealth.nl.ca](mailto:marielparcon@westernhealth.nl.ca)