



# LONG TERM CARE RESIDENT AND FAMILY ADVISORY COUNCIL APPLICATION

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

\_\_\_\_\_ Phone (Cell): \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Are you: ☐ Resident  
☐ Family Member/Support Person

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**1. Why are you interested in participating as a council member of Western Health's Long Term Care Resident and Family Advisory Council?**

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**2. What skills, experience, and/or insight do you feel that you would bring to Western Health's Long Term Care Resident and Family Advisory Council?**

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**3. Have you participated on other boards, committees, councils, etc.?**

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**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_