



# APPLICATION FOR FAMILY ADVISORS

## Family Advisory Council

Goryeb Children's Hospital at Morristown Memorial and  
Goryeb Children's Center at Overlook Hospital

The **Family Advisory Council (FAC)** at Goryeb Children's Hospital at Morristown Memorial and Goryeb Children's Center at Overlook Hospital is actively recruiting family advisors to serve on the FAC for the next term year beginning in September 2009.

**Mission:** FAC's mission is to promote patient and family-centered care through a comprehensive and compassionate partnership among patients, families and health care professionals. We will provide resources and guidance to strengthen our collaboration, improve communication and empower families to have a voice in their child's care at Goryeb Children's Hospital and Goryeb Children's Center.

**Diversity:** Family advisors, as members of the FAC, are selected to represent the many different types of patient families who access Goryeb Children's Hospital and Goryeb Children's Center, including but not limited to those who utilize a vast array of hospital services; those who only access the hospital occasionally; parents, foster parents, grandparents, adoptive parents, single parents, adult siblings, and those from a variety of socio-economic backgrounds.

**Participation:** At a minimum, FAC advisors are expected to participate in the monthly meeting of the FAC at Goryeb Children's Hospital at Morristown Memorial. This is a two-hour meeting that takes place on the third Wednesday of every month (except August) from 10:00am until Noon. Members are also expected to participate in at least one sub-committee, as well as other initiatives of the FAC, which may require an additional two to four hours per week. Members of the FAC are asked to serve a three-year term. All positions are unpaid, volunteer positions.

**Selection Process:** The Membership Subcommittee of the FAC will review completed applications submitted by interested family members and arrange for in-person candidate interviews. They will then submit their recommendations to the FAC co-chairs who will make the final membership selection. Diversity in culture, gender and hospital experiences will be considered.

**Requirements of FAC Members:** Members do not need any specific experience or background to serve on the FAC, but they should be able to:

- Share insights and information about their experiences in ways that others can learn from them
- See beyond their own personal experiences
- Show concern for more than one issue or agenda
- Listen well
- Respect the perspectives of others
- Speak comfortably in a group with candor
- Interact well with many different kinds of people
- Work in partnership with others



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Date \_\_\_\_\_

Referred by \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

What is the best way to contact you and when? \_\_\_\_\_

Name(s) and ages(s) of child(ren) \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Thank you for taking the time to complete this application for the Goryeb Family Advisory Council. Please write a brief answer to the following questions in the spaces provided; if you feel that a longer response is needed, please attach a separate page.

1. Have any of the children mentioned above been hospitalized at Goryeb Children's Hospital at Morristown Memorial and/or Goryeb Children's Center at Overlook Hospital?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of first and last admission: \_\_\_\_\_

Name of child admitted: \_\_\_\_\_

2. Have you used outpatient services at Goryeb?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the name(s) of child(ren) who use clinics or outpatient services.

\_\_\_\_\_

3. Please indicate the location(s) you have used and if your child has been treated at both locations, please approximate in percentages the amount of experience you have with each location.

\_\_\_\_\_ Goryeb Children's Hospital at Morristown Memorial  
\_\_\_\_\_ Goryeb Children's Center at Overlook Hospital



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4. Please indicate those departments or units where your child(ren) has/have received care.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cardiac/ Cardiology           | <input type="checkbox"/> Gastroenterology    | <input type="checkbox"/> Pediatric Inpatient Unit |
| <input type="checkbox"/> Craniofacial Center           | <input type="checkbox"/> Infectious Disease  | <input type="checkbox"/> PICU                     |
| <input type="checkbox"/> Child Development Center      | <input type="checkbox"/> Mind-Body Center    | <input type="checkbox"/> Rehabilitation           |
| <input type="checkbox"/> Diabetes/ Endocrinology       | <input type="checkbox"/> Nephrology          | <input type="checkbox"/> Respiratory              |
| <input type="checkbox"/> Eating Disorders              | <input type="checkbox"/> Neurology           | <input type="checkbox"/> Surgery                  |
| <input type="checkbox"/> Emergency Dept.               | <input type="checkbox"/> NICU                |   |
|  | <input type="checkbox"/> Oncology/Hematology |   |
| <input type="checkbox"/> Other (please indicate below) |  |   |

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5. Please describe the medical condition of your child(ren).

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6. Why would you like to be on the Family Advisory Council?

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7. What areas of concern do you have that you would like to see the Family Advisory Council address?

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8. Do you have experience teaching or speaking in public? You may use examples from work, community service, religious affiliations, etc. (please note: such experience is not required for appointment to the Family Advisory Council)

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9. Is there anything not covered in this application that you would like to add?

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All information contained on this form is considered confidential and is intended for the use by the Goryeb Family Advisory Council Membership Subcommittee only. Thank You!

**Please return this application via email to:**  
Ellen Enderley and Amanda Yanuklis, Parent Advisors:  
[FamilyAdvisory@atlanticealth.org](mailto:FamilyAdvisory@atlanticealth.org)

or, via mail to:

Lisa Ciarrocca, CCLS Systems Manager Child Life  
Goryeb Children's Hospital, 100 Madison Avenue, Morristown, NJ 07962