



## Patient and Family Caregiver Experience Sub-Committee Member Application

Please complete this application to be considered as a candidate for the Patient and Family Caregiver Experience Sub Committee Member for Newton Medical Center and Hackettstown Medical Center.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

What is your preferred contact method? (**circle one**)      Email      Phone      Mail

Thank you for taking the time to complete this application for our Patient and Family Caregiver Experience Sub Committee. Please provide brief, descriptive answers to the following questions.

1. Have you or a family member been a patient at our facility? (could be an Emergency Room visit, outpatient services, and/or an inpatient visit, **please specify where and when**)
2. Why are you interested in joining the Patient and Family Caregiver Experience Sub Committee?
3. What are some of the things you would like our facility to do differently to better help patients and their families?
4. Are there certain topics or areas of the facility in which you have a special interest?

5. Please describe what effective teamwork looks like to you.
  
6. What positive improvements to patient care would you like to see as a result of your participation in the Patient and Caregiver Experience Sub Committee?
  
7. Is there anything else that you would like to add?

If you are selected to be a participant, can you commit to attend one meeting each month?  
(circle one)

YES                      NO

Are you willing to interview and be interviewed by another council participant? (circle one)

YES                      NO

Are you willing to sign a confidentiality agreement? (circle one)

YES                      NO

What is your preferred contact time? (check all that apply)

- M-F morning
- M-F afternoon
- M-F evening
- Weekend morning
- Weekend afternoon
- Weekend evening

How would you describe yourself? (check all that apply) (Optional)

- White
- Hispanic/Latino
- Black /African American
- Other

What is your age? \_\_\_\_\_

What is your gender?  Male  Female  Other