



## Patient and Family Advisory Council (PFAC)

### *Patient or Family Member Application*

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

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

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

#### **Please tell us about your experience at Jackson County Memorial Hospital**

1. Have you ever been hospitalized at JCMH for more than 24 hours?  Yes  No
2. Have you ever been a caregiver for a patient who was hospitalized at JCMH for more than 24 hours?  Yes  No
3. How many times have you or a person you cared for been hospitalized at JCMH in the last two years?  
\_\_\_\_\_
4. How would you describe your hospital experience at Jackson County Memorial Hospital?  
\_\_\_\_\_
5. What did the hospital do well during your or your loved one's stay?  
\_\_\_\_\_
6. What could the hospital have done better during your or your loved one's stay?  
\_\_\_\_\_
7. What would you like the hospital to learn from your or your loved one's stay?  
\_\_\_\_\_

(If you have more to say, please feel free to use additional pages.)

#### ***Please tell us more about you***

8. Why are you interested in volunteering your time to work on the JCMH PFAC?  
\_\_\_\_\_
9. Do you volunteer in your community? If so, which organizations? \_\_\_\_\_
10. Do you feel comfortable working in groups, speaking up and providing input?  Yes  No
11. Is your schedule flexible enough to attend routine monthly meetings?  Yes  No
12. Are you willing to sign an agreement promising not to disclose confidential information?  Yes  No

*Please Return Application to  
Jackson County Memorial Hospital, Human Resources Department,  
1200 East Pecan, Altus OK, 73521*