Thank you for taking the time to complete this application form. Please write a brief descriptive answers to the following questions in the spaces provided. This is information will be kept confidential.

1. Tell us a little about yourself (i.e. your family, your profession, your hobbies, etc).

2. Do you recall which Unity Health departments or locations have served you and your family and approximately when?

3. What are the dates of your most recent experience at Unity Health?
4. What are some of the specific things that Unity Health professionals do/have done to help you and your family?

5. What are some things you would like Unity Health professionals to do differently to better help patients and families?

6. Representing the diversity of our patient population in our Advisory Council is important to us. Please share anything about yourself that you think would add to the diversity of our council.

7. Do you or did you work for Unity Health or are you related to a Unity Health associate?

8. Do you or have you ever served on a Patient and Family Advisory Council and if so, please share about it.

9. Is there anything else you would like to add?

WE LOOK FORWARD TO HEARING FROM YOU!

Patient & Family Advisory Council
Unity Health - White County Medical Center
3214 East Race • Searcy, AR 72143
(501) 278-3229 • pfac@unity-health.org