



# PATIENT & FAMILY ADVISORY COUNCIL MEMBER APPLICATION

Please complete this form to be considered as a patient or family member candidate for the Unity Health Patient and Family Advisory Council.

All information contained on this form is considered confidential and is intended for the use of the Unity Health Patient and Family Advisory Council (PFAC) only.

You will be contacted upon receipt of this application form to participate in a phone or in-person interview. If selected all Advisory Council members must participate in the Unity Health PFAC orientation program.

Please understand that this is a volunteer position and you will not be paid for any service on the PFAC.

Name: _____
Address: _____
Email: _____
Home Phone: _____ Work: _____ Cell: _____
What is the best way to contact you and when? _____

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?

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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**  
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(501) 278-3229 • [pfac@unity-health.org](mailto:pfac@unity-health.org)