Thank you for your interest in the Patient-Family Advisor role. Questions on this application are asked for the sole purpose of considering you for an advisor role. We do not discriminate on the basis of race, religion, sex, national origin, and age or handicap status.

Must be 18 years old or older to qualify for a Patient-Family Advisor.

APPLICANT INFORMATION		
Name:		Date:
Address:		
City:	State:	Zip:
Phone (Home):	(Work):	(Cell):
Email:		

EMERGENCY CONTACT INFORMATION	
Name:	Relationship:
Phone:	
Physician:	Practice:
Physician Phone:	

QUESTIONARE	
Have you worked here before?	☐ YES ☐ NO
If yes, When?	Were you a… ☐ Volunteer? ☐ Employee? ☐ Student? ☐ Physician?
Do you know any foreign or sign language?	☐ YES ☐ NO
Specify:	
Have you or any of your family member(s) been hospitalized or received services at any of the UNC Health Johnston facilities?	☐ YES ☐ NO
If yes, which areas have you or your family member(s) received service in?	

What special interest or experience would you like to offer as a Patient-Family Advisor?

What does “good customer service” mean to you and your family when you use the hospital?

I hereby apply to become an advisor at UNC Health Johnston, to abide by my commitment to:

- Maintain patient privacy and confidentiality
- Support our hospital mission to improve the health of the people in our community, and our advisory council mission to demonstrate dedication to improving the overall patient experience by providing a voice to all individuals who receive our service
- Actively participate in improving care for all patients and families
- Listen to different opinions and share ideas and viewpoints
- Use personal hospital experience or a family member’s experience to improve care
- Advocate for and listen to other patients, families, staff and community members
- Support positive relationships with our health system and members of the community

These statements are true and accurate to the best of my knowledge.

SIGNATURE____ DATE_________________

UNC Health Johnston conducts criminal record checks on all employee, volunteer and advisor applicants to assure a safe environment for patients receiving care and services. If the information you furnish on this form is found to be false, you will be disqualified/dismissed. You will not be considered for future employment/service for 18 months.

Training/Health

Per The Joint Commission guidelines (TJC) volunteer orientation and a health and drug screen are required before serving as an advisor. An update of the health screen and competency review is required annually. All current required immunizations will be given unless documented proof is submitted with the application.

Signature of Advisor

Signature of Witness

Signature of Parent/Guardian

Print Witness Name

Date

Advisor Confidentiality Statement
UNC Health Johnston has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at UNC Health Johnston, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services. I understand that such information must be maintained in the strictest confidence.

As a condition of my assignment, I hereby agree that I will not at any time during or after my assignment disclose any patient information. When patient information will be discussed with the health care practitioners in the course of my assignment, I will use discretion to assure that such conversations will not be held in a public place or with inappropriate individuals.

I understand that violation of this agreement may result in termination of my assignment at UNC Health Johnston.

Signature of Advisor

Date

Print Name of Advisor

Note: Date of birth and social security numbers are required solely for the purpose of conducting a criminal record check and will not be used for any other reason in the employment/service or application process.

MAIL COMPLETED APPLICATION TO:
Patient Experience Department
UNC Health Johnston
509 N. Bright Leaf Blvd.
P.O. Box 1376
Smithfield, NC 27577