



**Whittier Hospital Medical Center**

AHMC Healthcare

# Patient and Family Advisory Council Membership Application

## Applicant Information

**Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment #*  
\_\_\_\_\_  
*City State Zip*

**Phone:** \_\_\_\_\_  
 Home Phone  Cell Phone  Work Phone (if we may contact you at work)

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**What is the best way to communicate with you? Check all that apply.**

E-mail  Home Phone  Cell Phone  Work Phone

**When is the best time of day to contact you? Check all that apply.**

Monday – Friday  Morning  Afternoon  Evening  
Saturday – Sunday  Morning  Afternoon  Evening

**Were you a patient or a caregiver at Whittier Hospital Medical Center?**

Patient  Caregiver

**In what position are you interested?**

Community Member (former patient/ caregiver)  Employee (former WHMC patient)  Physician Champion

**Are you able to attend monthly meetings during business hours (8am – 5pm)?**

Yes  No

## Your Interest in the Patient and Family Advisory Council

**How would you describe your overall experience as a Whittier Hospital Medical Center patient or caregiver?**

**What are your suggestions to improve the overall experience including care, treatment, and services?**

**Why would you like to serve on the Patient and Family Advisory Council?**

**What special interest, skills and/or experiences would you like to offer to the Patient and Family Advisory Council?**

*Return completed application to:*

**Patient/Family Advisory Council c/o Nayra Diaz**

**Whittier Hospital Medical Center**

**9080 Colima Road**

**Whittier, CA 90605**

**Telephone: (562) 907-1642**