

Patient & Family Advisory Council Advisor Application



First/Middle/Last Name _____

Address/PO Box _____

City/State/Zip _____

Gender Male ☐ Female ☐

Birth Date _____

Home Phone _____

Cell Phone _____

Email _____

I was a Patient at Loring Hospital ☐ Family Member to a Patient at Loring Hospital ☐

Date of Encounter at Loring Hospital _____

Status Employed ☐ Retired ☐ Student ☐

Occupation _____

Volunteer Experience _____

Start Date _____

Are you able to serve as an advisor for at least one year? Yes ☐ No ☐

Why do you want to become a patient and family advisor?

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Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.

Please describe any specific things that doctors or hospital staff did or said while you or your family member(s) were in the hospital that were helpful to you or your family.

Please describe any specific things that doctors or hospital staff could have done differently to be more helpful while you or your family member(s) were in the hospital.

Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

Please return this form to:

Loring Hospital
Patient & Family Advisory Council
c/o Andrea Cottingham
211 Highland Ave
Sac City IA 50583

Phone: 712 662 6452
Email: acottingham@loringhosp.org