



PATIENT & COMMUNITY ADVISORY COUNCIL APPLICATION

PLEASE PRINT LEGIBLY ALL INFORMATION IN INK:

Contact:

Name: _____ Home: _____

Address: _____ Cell: _____

_____ Preferred Contact: Home Cell Email

Email: _____

Do you or a family member receive health services at Premier Community HealthCare? Yes: No:

Experience, Community Involvement & Service History

Please indicate the following areas in which you have professional or personal experience:

- | | | |
|---|---|--|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Event Management | <input type="checkbox"/> Business Owner |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Personnel/HR | <input type="checkbox"/> List other: _____ |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Real Estate | _____ |
| <input type="checkbox"/> Business | <input type="checkbox"/> Healthcare | _____ |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Immigration | |
| <input type="checkbox"/> Clergy/Faith-based | <input type="checkbox"/> Disabilities | |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Bilingual | |
| <input type="checkbox"/> Domestic Violence | Other Language: _____ | |
| <input type="checkbox"/> Mental Health/
Substance Abuse Disorder | <input type="checkbox"/> Legislation/Government | |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Media Relations | |

- Yes: No: Are you able and willing to attend regular meetings, at least quarterly but no more than bi-monthly?
- Yes: No: Are you able and willing for phone-based consultation with Premier staff (always scheduled in advance)?
- Yes: No: Are you able and willing to participate effectively in council meetings, listen to and work well with other council members, provide feedback in a respectful manner and be open to diverse ideas?
- Yes: No: Are you able to check email and make timely responses?

Print _____ Signature _____ Date _____





PLEASE PRINT LEGIBLY ALL INFORMATION IN INK:

Please answer the following:

1. Why are you interested in community health and the work of Premier Community HealthCare?

2. Please list and briefly describe the community-based organizations with which you are affiliated.

3. What is your experience working with or interacting with healthcare professionals?

