



PATIENT & COMMUNITY ADVISORY COUNCIL APPLICATION

PLEASE PRINT LEGIBLY ALL INFORMATION IN INK:

Contact:

Name: _____ Home: _____
Address: _____ Cell: _____

Preferred Contact: Home Cell Email
Email: _____

Employer:

Company: _____
Job Title: _____ Phone: _____
Email: _____

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

Are you willing to comply with the COVID-19 vaccination mandate and provide documentation? Yes: No:

Skills, Experience, and interests (please check all that apply).

Finance/Accounting Personnel/HR List other: _____
 Legal Real Estate _____
 Information Technology Healthcare _____
 Business Education _____
 Marketing

Why are you interested in serving in this capacity? _____

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?

