



PATIENT FAMILY ADVISORY APPLICATION

AnMed Health Cannon

PERSONAL INFORMATION:

Name: _____

Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell #: _____

E-mail: _____ Birthday: ____/____/____
Month Day Year

EMERGENCY CONTACT: _____

Name Relationship

Address Phone

PREVIOUS/CURRENT VOLUNTEER EXPERIENCE: _____

PREVIOUS/CURRENT WORK EXPERIENCE: _____

EDUCATION/SPECIAL SKILLS: _____

WORK STATUS: ____ Employed ____ Unemployed ____ Retired

Name of Employer: _____

PLEASE TELL US WHY WOULD YOU LIKE TO BE A PATIENT & FAMILY ADVISOR:

DAY(S) AVAILABLE: ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun

TIME(S) AVAILABLE: ____ Morning ____ Afternoon ____ Evening



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PERSONAL REFERENCES

Do Not List Relatives or Personal Physicians; Must be at least 21 years of age

1) NAME: _____
DAYTIME PHONE NUMBER: _____
RELATIONSHIP: _____
(Pastor, Neighbor, Friend, Co-worker, etc.)

2) NAME: _____
DAYTIME PHONE NUMBER: _____
RELATIONSHIP: _____
(Pastor, Neighbor, Friend, Co-worker, etc.)

ADVISORS ARE SUBJECT TO CRIMINAL BACKGROUND CHECKS

Have you ever been convicted, pled guilty, pled no contest, or forfeited bond to a violation of any federal, state, county or municipal law, regulation or ordinance (including bad check/ fraudulent check), other than minor traffic offenses? **YES** _____ **NO** _____

(Be certain to list any and all offenses, regardless of severity. Failure to do so will be considered falsification of application and may result in applicant rejection or dismissal.)

If yes, please list the date and place of the offense, charge and disposition. Include any convictions as a result of court martial while in military service. (The existence of a criminal record does not constitute an automatic bar from volunteering.)

The information provided on this application is true in all respects, without any willful omissions. I understand that if this application is false in anyway I may be dismissed without notice. By signing this application, I give permission for AnMed Health Cannon to contact the above named individuals in order to obtain personal reference information. As a participant in the PFAC at AnMed Health Cannon, I:

- Agree to attend orientation.
- Agree to comply with all rules and regulations of AnMed Health Cannon.
- Understand that I may be dismissed from my duties for any unauthorized viewing, discussion, or disclosure of patient information.
- Understand that advisors are subject to “for cause” drug screenings
- Understand that submitting my application does not guarantee assignment

Date

Signature of Applicant