

**Application form for Patient and Family Partnership Advisor**

Please return the completed form to the BMACH Information Desk or email to:

[usarmy.benning.medcom-bmach.mbx.bmach-pfp-council@mail.mil](mailto:usarmy.benning.medcom-bmach.mbx.bmach-pfp-council@mail.mil)

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

Name: *(Please Print)* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we call you at work?  Yes  No

E-mail Address: \_\_\_\_\_

Preferred method of contact:  Home  Cell  Work

Please indicate your status (check all that apply):

- Active Duty       Active Family Member       Tricare Plus  
 Retiree       Retiree Family Member       Active Duty (TRADOC Cadre)

**How did you hear about the Patient and Family Advisor Position?**

- Family/Friend     Website     Facebook     Newsletter     Other \_\_\_\_\_

**I understand that:**

- I am a DOD ID card holder  
 There are limited number of spots and I may not be selected  
 If selected, I will be required to submit a separate application to the Red Cross (this program is in partnership with the Red Cross and all required training for the Red Cross must be completed prior to my participation)

- Children are not permitted to attend meeting due to safety regulations and potential disclosure of personal identifiable information
- I will serve as a member of the BMACH Patient and Family Partnership Council for a period of 1 year, then continuation may be requested as needed.
- I am not a BMACH staff member
- No preferential treatment will be given to me at BMACH or any clinics on Fort Benning due to my seat the on the council

Active Duty Applicants:

- I am SSG or above

CDR/ISG Endorsement Required:

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

**Please tell us about yourself.**

Why would you like to serve as a Patient and Family Advisor for Benning's Martin Army Community Hospital?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What areas of concern or suggestions for improvement do you have that you would like to see the Patient and Family Partnership Council address?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have served as a council member, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe the experience below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Thank you for your interest. Please return completed forms to the BMACH Information Desk or the email below. Please submit any questions or concern to:

[usarmy.benning.medcom-bmach.mbx.bmach-pfp-council@mail.mil](mailto:usarmy.benning.medcom-bmach.mbx.bmach-pfp-council@mail.mil)

**\*\*\* The PFPC Council Co-Chair position is open to any patient who is not an MTF staff member. The following attributes and experience are preferred:**

- Demonstrated work with diverse populations
- Experience in partnership and collaboration on solutions
- Familiar with healthcare service and facility standards
- Practiced in process improvement and change management.

Considering the above attributes, I feel I am a viable candidate for the Co-Chair position and have included my resume with my application.