



Family Advisor Application

Dear Potential Family Advisor,

Thank you for your interest in becoming a Family Advisor. At the Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, we value the partnership we share with you. To honor that commitment, the ***Patient and Family Advisory Council*** was created to promote further partnership and collaboration between patients, their families, and hospital staff and administrators. The Family Advisory Council (FAC) is the part of this committee that includes parents and caregivers.

Please complete this application and return it to the Family-Centered Care Coordinator. Once your application is received, the Family-Centered Care Coordinator will contact you to schedule a brief phone or in-person meeting to learn more about your interest in becoming a family advisor and to share more information about the council.

We carefully consider each of the applications we receive and selection of new advisors is made to best reflect the families we serve. We also attempt to match skills and experience with the available positions. Please note that completion of the application does not guarantee acceptance as a family advisor.

If your child received care at BMSCH within the last 2 years and they are between the ages of 12-18 years old, they may be eligible to join the Youth Advisory Council (YAC), a branch of the PFAC just for patients! Please indicate on this application if you and your child would like more information on the Youth Advisory Council.

Completed applications can be emailed or mailed to:

April Slowenski, BS, MEd, CCLS, CPMT, IAC
Family-Centered Care Coordinator
April.Slowenski@rwjbh.org
Bristol-Myers Squibb Children's Hospital at
Robert Wood Johnson University Hospital
1 Robert Wood Johnson Place
New Brunswick, NJ 08901

Family Advisor Application

YES! I am interested in becoming an active Family Advisor at BMSCH

Please check all that apply:

- My child received care at BMSCH or another hospital within the last two years
- I am able to participate in PFAC meetings (either in person or remotely) on the 3rd Tuesday of the month at 6:30 p.m. every other month (January, March, May, July, September, November)

The FAC offers two levels of involvement for members:

Tier I

- Ideal for those who want to participate, but may have limited time available
- Participate in FAC meetings every other month and are included on the PFAC email distribution list
- Do not directly interact with current patients/families

Tier II

- Ideal for those wanting a higher level of involvement
- Participate in PFAC meetings every other month and are included on the PFAC email distribution list
- Are hospital volunteers and directly interact with current patients and families as a peer support during hospitalizations
- May present on family-centered care experiences at educational trainings for hospital staff, medical students, residents, etc.
- May participate on other hospital councils and/or committees (i.e., operations committee, policy committee, patient education committee, etc.)
- May participate in other hospital events as appropriate
- May participate in development of new marketing, patient education or other print and/or media projects as appropriate

I am interested in becoming a:

- Tier I Advisor**
- Tier II Advisor** (I understand to become a Tier II advisor may take several weeks to complete through the volunteer services department and requires a separate application and orientation process which includes a background check, drug screening and proof of immunizations)

General Information

Name: _____

Child(rens) Name(s): _____

Preferred Name/Nickname: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address*: _____

Emergency Contact Name & Number: _____

*Email is the primary method for communication with the Patient & Family Advisory Council. Please provide the email that you will check most frequently

BMSCH Experience

Please share some information regarding your most recent experiences at BMSCH. This will allow us to determine the best candidates for the PFAC at this time.

1. My child/children received care on the following units (select all that apply):

- Pediatrics Unit
- Adolescent Unit
- Hematology/Oncology Unit
- PICU
- NICU/Special Care Nursery
- Same Day Surgery Center
- Other: _____

2. My child's most recent care was in (month/year): _____

3. Briefly comment on why you are interested in becoming a family advisor:

4. What was the best thing about the care you received at BMSCH?

5. **What was the most challenging thing about your hospitalization experience?**

6. **If you had a magic wand and could change or improve one thing about healthcare at BMSCH, what would you change?**

7. **Please share any hobbies, experience or skills that may help you in your role as a Family Advisor:**

8. **Youth Advisory Council:**

- I have a child between the ages of 12-18 who is also interested in joining the PFAC and I would like more information on the Youth Advisory Council
- I am not interested in the Youth Advisory Council at this time

Please Review and Sign to Complete the Application

Potential Tier I Advisors (please check each box)

I understand that if accepted as a Tier I Advisor I must:

- Complete a brief orientation to the PFAC with the Family Centered Care Coordinator
- Be available to participate in 1 meeting every other month
- Commit to a minimum of 1 year as an advisor
- Sign a non-disclosure agreement

Potential Tier II Advisors (please check each box)

I understand that if accepted as a Tier II Advisor I must:

- Act as a Tier I advisor until all Tier II requirements are met with volunteer services
- Complete all parts of the Volunteer Services Application and Orientation Process including:
 - Volunteer Services application
 - Background check and drug screening
 - Health form signed by physician including immunization records
 - TB test
 - Attend Volunteer Services orientation

Signature _____ Date _____

Family Centered Care Coordinator Use Only

Interview Date: _____ **Accepted:** Yes / No **Notified On:** _____

PFAC Orientation Date: _____

Tier I

- Orientation Handbook Reviewed
- Non-Disclosure Agreement Signed
- Orientation Attestation Signed
- First PFAC Meeting on _____

Tier II

- Orientation Handbook Reviewed
- Non-Disclosure Agreement Signed
- Orientation Attestation Signed
- First PFAC Meeting on _____
- Referred to Volunteer Services to Begin Processing on _____
- Tier II Requirements Completed on: _____