



# Youth Advisor Application

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## Eligibility Section

Please check all that apply:

- I am between 12-18 years old
- I received care (inpatient or outpatient) at BMSCH or another hospital within the last 2 years.
- I am able to attend YAC meetings on the 3<sup>rd</sup> Tuesday of the month at 6:30pm every other month (January, March, May, July, September, November)
- I have parental consent to apply for and, if accepted, join the Youth Advisory Council (if under 18)

### Parental Consent:

*I permit my son/daughter to apply for and, if accepted, join the Youth Advisory Council at BMSCH, attending 1 meeting, the 3<sup>rd</sup> Tuesday of the month at 6:30pm, every other month (January, March, May, July, September, November). I understand a minimum of 1 year of service is required. I understand that most meetings will be held virtually using the Zoom app- with the possibility of 1 on-site meeting per year. I understand if my son/daughter misses 3 or more meetings they will be dismissed from the Youth Advisory Council. I assume responsibility for his/her transportation for any on-site meetings, understand the responsibilities involved, and will support my son/daughter in their youth advisor efforts.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

- I am interested in joining the PFAC as a Family Advisor; please send an application to my email.

### Potential Youth Advisor Acknowledgement:

I acknowledge that (please check all to acknowledge):

- The YAC is separate from the volunteer department and by joining the YAC I am **not** considered a hospital volunteer, unless I have also completed the requirements of the volunteer department.*
- Completing this application/interview process does not guarantee acceptance as a youth advisor.*
- If accepted, I am committing to participate in 6 meetings per year, and I understand missing 3 or more meetings will result in dismissal from the council.*
- Everything in this application is true and complete and I authorize RWJUH and/or its affiliated entities to investigate any and all statements I have made.*

Potential Youth Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## General Information

Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

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 YAC at this time.

**1. I received care on the following units (select all that apply):**

- Pediatrics Unit
- Adolescent Unit
- Hematology/Oncology Unit
- PICU
- Same Day Surgery Center
- Other: \_\_\_\_\_

**2. My most recent care was in (month/year):** \_\_\_\_\_

**3. Briefly comment on why you are interested in becoming a Youth Advisor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. What was the most challenging thing about the care you received BMSCH?

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

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

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8. Please list any possible conflicts that may prevent you from attending YAC meetings consistently (sports, extracurricular activities, part time job etc.)

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9. Do you have an interest in working in healthcare in the future? (this question will not impact acceptance but will help us choose special guest speakers to meet the interest areas of the council)

- Yes I want to work in healthcare
- No I do not want to work in healthcare
- I don't know

**If yes please indicate your areas of interest (check all that apply)**

- Nurse/Doctor/PA/Tech etc.
- Child Life/ Social Work/Art Therapy/Music Therapy etc.
- Physical Therapy/Occupational Therapy/Speech Therapy etc.
- Administration/Business/Finance/ Human Resources etc.
- Pastoral Care/ Patient Experience
- Other: \_\_\_\_\_

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| <b>Family Centered Care Coordinator Use Only</b> |
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**Interview Date:** \_\_\_\_\_ **Accepted:** Yes / No **Notified On:** \_\_\_\_\_

**If Accepted:**

- Orientation Date: \_\_\_\_\_
- Orientation Handbook Reviewed
- Orientation Attestation Signed
- Non-Disclosure Agreement Signed
- Parent Consent Confirmed
- First Meeting Date: \_\_\_\_\_

**If Not Accepted:**

- Date Informed \_\_\_\_\_
- Method: \_\_\_\_\_