

# PFAC Application

## Monadnock Community Hospital

Below is the application to volunteer for the MCH Patient and Family Advisory Council (PFAC). There are a limited number of seats available. If selected, Patient and Family Advisor (PFA) terms are for two years. The general obligation is to participate in a monthly meeting, with additional time as needed for projects; at least two hours per month.

If you have any questions or concerns regarding this application, please contact Molly at [molly.rajaniemi@mchmail.org](mailto:molly.rajaniemi@mchmail.org), 603-924-4699 ext. 1038.

<b>Full Name:</b>		<b>Pronouns:</b>	
<b>Phone Number:</b>		<b>Email:</b>	
<b>Mailing Address:</b>			
<b>I am a:</b>	<i>(check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient seen within the last 2 years</li> <li><input type="checkbox"/> Family member of a patient seen within the last 2 years</li> <li><input type="checkbox"/> Community member with a past relationship to MCH (greater than 2 years ago)</li> <li><input type="checkbox"/> Community member with no current or past relationship to MCH</li> <li><input type="checkbox"/> Current MCH employee</li> </ul>		
<b>If you or a family member have been a patient within the last 2 years, where were your services?</b>	<i>Example: lab, x-ray, primary care, emergency room, etc.</i>		
<b>Briefly describe your career/professional background:</b>			
<b>Why are you interested in becoming a PFA?</b>			
<b>If you are not selected to be a PFA, or no seats are currently available, are you interested in being contacted for other MCH volunteer opportunities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>MCH is interested in recruiting members of diverse backgrounds, including age, race, gender, LGBTQ+, disability, career experience, or socioeconomic status. Is there any diversity consideration you wish to share about yourself?</b>	<i>(Response Optional)</i>		