

## Clark Memorial Health Patient & Family Advisory Board Application

Would you be a partner with us to deliver patient and family centered care every time in every encounter? To reach this goal, we need your ideas, feedback, and participation as together we improve the experience of care for our patients and families. We are seeking individuals to serve on our Patient & Family Advisory Board. If you are interested, please provide us with the information below.

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you? (circle one) **Text** **Email** **Phone**

Please check all that apply below:

I have been a patient of Clark Memorial Hospital (unit/service): \_\_\_\_\_

I am the family member of a patient (unit/service): \_\_\_\_\_

Please provide us information on why you are interested in serving on this Board.

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

**Experience:** Have you served on other boards, councils, or committees in the community? If so, please list:

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

**SKILLS & INTERESTS** If you wish to provide more information, please use the space below to describe any special training, interests, hobbies, or experiences you feel could be valuable to your work as a Patient/Family Advisor:

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

*Your responses are important in planning your involvement with us.  
If you have questions concerning the Board or this application, please contact:*

*Chelsey Scoggins, Quality Specialist*

*Office: (812) 283-2182 Email: [Chelsey.Scoggins@clarkmemorial.org](mailto:Chelsey.Scoggins@clarkmemorial.org)*

**Please return your completed application to:**

Clark Memorial Health  
Attention: Quality Department  
1220 Missouri Avenue  
Jeffersonville, IN 47130