

# Application for Membership



## Community Members and Employees of Independence Health System

I have a personal interest in engaging in improving patient safety and quality at Independence Health System and would be interested in applying for membership of:

- Patient Family Advisory Council**     **Infection Prevention and Control Committee**
- Patient Safety Committee**

I am seeking membership on the above committee/council as a:

- Community Member**     **Employee of Independence Health System**

Department \_\_\_\_\_

### Section I - Demographics (PLEASE PRINT)

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

### Section II - Completed by potential community members only. (PLEASE PRINT)

1. Have you or a close friend or family member been a recipient of ANY healthcare services in the last three years?

\_\_\_\_ Yes    \_\_\_\_ No

If yes, where? (select all that apply)     Hospital     Outpatient location (doctor's office, diagnostic testing, etc)

Other (list) \_\_\_\_\_

2. How many times have you or a close friend or family member received services by Westmoreland, Latrobe, or Frick Hospitals in the last three years?    Number of visits \_\_\_\_\_

If yes, location (if known) \_\_\_\_\_

3. Have you ever been the caregiver for a patient who was hospitalized in the last three years at Westmoreland,

Latrobe, or Frick Hospitals?    \_\_\_\_ Yes    \_\_\_\_ No

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4. How would you describe your experience? \_\_\_\_\_

\_\_\_\_\_

5. What did the health system do well? \_\_\_\_\_

\_\_\_\_\_

6. What could the health system have done better? \_\_\_\_\_

\_\_\_\_\_

7. What would you like the health system to learn from you or your loved one's experience?

\_\_\_\_\_

8. Are you active in other community organizations such as churches, schools or volunteer groups?

If so, please list. \_\_\_\_\_

\_\_\_\_\_

9. Are you able to attend a monthly meeting at 5:30 p.m.?  Yes  No

10. If you become a volunteer community member of this Committee, you will need to:

- Receive an annual influenza immunization (at no cost to the volunteer)
- Complete an Independence Health System confidentiality agreement
- Undergo a criminal background check

**Thank you for your interest.**  
**A representative of the Independence Health System will be contacting you shortly.**  
**If you have questions, please contact Denise Addis at 724-832-5163 or**  
**[denise.addis@independence.health](mailto:denise.addis@independence.health)**