



Mohawk Valley Health System (MVHS) Patient and Family Engagement Council Membership Application

Thank you for your interest in the MVHS Patient and Family Engagement Council. Membership on the Council requires your successful completion of the registration process, a formal interview process, and mandatory volunteer orientation. All of your information will be treated as confidential. Membership on the Council requires attendance at monthly Council meetings and participation in at least one committee of your choice.

Please PRINT all information clearly:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number(s):

Please indicate preferred phone number and best time to reach you: _____

Work: _____ Home: _____ Cell: _____

Email address: _____

Please indicate if you are or have been:

_____ A patient at St. Elizabeth Medical Center or Faxton St. Luke's Healthcare

_____ A family member of a patient at St. Elizabeth Medical Center or Faxton St. Luke's Healthcare

_____ Interested in improving healthcare in our community

Why are you interested in joining the MVHS Patient and Family Engagement Council?

Continued

What special interests or experiences would you like to offer to the Council?

What, if any, suggestions for improvement do you have? Do you have a particular area of concern?

I certify that the statements made in this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer member of the MVHS Patient and Family Engagement Council. I agree to abide by the MVHS Patient and Family Engagement Council Bylaws, to respect patient confidentiality, and to uphold the traditions and standards of MVHS. I understand that membership on the MVHS Patient and Family Engagement Council will be based upon approval from the Council co-chairs and active Council members. Volunteers will demonstrate a readiness to help others, maintain respect for collaboration and assist MVHS in delivering quality patient care.

I understand that membership on the Patient and Family Engagement Council requires my commitment to attend monthly Council meetings and to participate on at least one committee of my choice.

Applicant's Signature _____ Date _____

Please return your completed application to:

MVHS Patient and Family Engagement Council
Volunteer Services and Guest Relations | St. Luke's Campus
1656 Champlin Avenue
Utica, NY 13502

You may contact the Patient and Family Engagement Council at (315) 624-6142.