

## **Volunteering at Guelph General Hospital**

Thank you for your interest in volunteering as a Patient and Family Advisor at Guelph General Hospital. Patients and families are a critical part of our healthcare team and are experts in their experience within healthcare. Our goal is to provide a truly patient and family centred care environment and Patient and Family Advisors will ensure the patient and family perspective is embedded in the decision making processes and services within our organization.

The application has multiple steps to complete and we ask that advisors make a commitment two or three year term. Advisors must be **18 years old or older**, be a resident of Guelph and Wellington County and have accessed or experienced the services at Guelph General Hospital **within the last three years**.

While there are a variety of ways to be involved, the Advisory council meetings are held the second Wednesday of the month from 6 to 8 p.m. at the hospital or through video meeting.

**To express your interest, please complete and submit the Patient and Family Advisory Volunteer Application. We may ask you for references at a later date**

Completed application packages may be dropped off at our Information Desk on Level One, emailed to [GGHpatientexperience@gghorg.ca](mailto:GGHpatientexperience@gghorg.ca) or mailed to;

**Guelph General Hospital  
Patient and Family Advisory Council  
c/o Jodie Brown-Bedford  
115 Delhi Street  
Guelph, ON N1E 4J4**

# Patient and Family Advisory Volunteer Application Form

(Please Print)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(First name) (Surname)

ADDRESS:

\_\_\_\_\_  
(Unit/Apt #) Street City Postal Code

PHONE: \_\_\_\_\_  Home  Work  Mobile

EMAIL:

\_\_\_\_\_

Preferred Contact:  Email or  Phone

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(name & relationship to you) (Circle: home, cell, work)

- I am/I was a (select all that apply)
  - Patient
  - Family member of a patient
  - Caregiver of a patient
  - Friend of a patient
  - Other \_\_\_\_\_
  
- Check the age range that best describes you:
  - 18-30
  - 31-50
  - 51-65
  - 66-75
  - 76+

- Within the last three years, what services have you or your family used at Guelph General Hospital? (Check all that apply)
  - Ambulatory Care
  - Cardiorespiratory
  - Diagnostic Imaging
  - Day Surgery
  - Surgery
  - Emergency Department
  - Medicine
  - Bariatric
  - Intensive Care
  - Stepdown
  - Pediatrics
  - Family Birthing
- Other \_\_\_\_\_

***Include your comments below or attach a separate page.***

- Why would you like to serve as a Patient and Family Advisor for Guelph General Hospital?
  
  
  
  
  
  
  
  
  
  
- What are some skills and strengths that you would bring to this committee?
  
  
  
  
  
  
  
  
  
  
- Have you ever been on a committee before? What type and what was your role?

- Without sharing any personal health information, briefly describe your experience with the health care system and what unique perspective you would bring as a Patient and Family Advisor.
  
- What are some of the things that you feel go well or things you would like to see us do differently to better serve patients and families that receive care at Guelph General Hospital?

**Thank you for your interest in joining the Patient and Family Advisory Group and for taking the time to complete this form.**

All applicants will be contacted. You may be asked to come for an interview or to participate in a phone interview.

There are a limited number of positions on the Council however there are opportunities to participate in other ways.

If you have any questions about completing this form or the selection process please contact our Patient Experience Representative at [GGHpatientexperience@gghorg.ca](mailto:GGHpatientexperience@gghorg.ca) or contact 519-837-6440 ext 2778