

# Application for Family Advisory Network (FAN)

Thank you for your interest in serving on Children's Hospital of Richmond at VCU's Family Advisory Network (CHoR FAN). You've trusted us with your child's care, so here's an opportunity to make a lasting impact on the pediatric health care experience for all children and families.

All applications will be reviewed, and you may be contacted for an interview. **To be eligible to serve as an advisor your child must have been treated at CHoR either as a patient in the hospital or in an outpatient clinic within the past two years.** If you're selected to be an advisor, you'll be considered a volunteer of CHoR. This will require that you agree to protecting patient confidentiality and submit to a background check before serving.

## Choose one:

My child received care in the hospital     My child received care in an outpatient clinic     Both

Parent name: \_\_\_\_\_ Parent's date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of child cared for at CHoR: \_\_\_\_\_

Your relation to patient: \_\_\_\_\_

**Has your child been cared for at CHoR in the last two years?**  Yes  No

**If yes, how many times has your child received care in the last two years?**  1-2  3-5  6+

**Where has your child been cared for?** (Please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adolescent Health/Primary Care          | <input type="checkbox"/> Gastroenterology & Nutrition                      | <input type="checkbox"/> Nephrology/Urology     |
| <input type="checkbox"/> Allergy and Immunology                  | <input type="checkbox"/> Genetics  | <input type="checkbox"/> Neurology/Neurosurgery |
| <input type="checkbox"/> Cardiology/Cardiac Surgery              | <input type="checkbox"/> Hematology & Oncology                             | <input type="checkbox"/> Orthopaedic Surgery    |
| <input type="checkbox"/> Emergency Medicine                      | <input type="checkbox"/> Infectious Diseases                               | <input type="checkbox"/> Pulmonary Medicine     |
| <input type="checkbox"/> Endocrinology/Healthy Lifestyles Center | <input type="checkbox"/> Inpatient Care (Acute, Burn, PICU, PPCU and NICU) | <input type="checkbox"/> Surgery (General)      |

Other (Please specify): \_\_\_\_\_

**Why do you want to be an advisor?** \_\_\_\_\_

**What special interests or experience would you like to offer as an advisor?** \_\_\_\_\_

**What were some of the things our staff did to make your experience easier?** \_\_\_\_\_

**What are some of the things our staff could have done to improve your experience?** \_\_\_\_\_

I certify that the statements made in this application are true and have been given voluntarily. I understand that I will not be paid for my services as a committee member of the CHoR FAN. Members of the committee will demonstrate a readiness to help others, maintain respect for collaboration, and assist Children's Hospital of Richmond at VCU in delivering quality health care. By signing this application, I am authorizing the staff of the CHoR FAN to discuss my participation in the program with my child's clinical team, including physicians, nurses, social workers, and/or child life specialists.

Signature \_\_\_\_\_ Date \_\_\_\_\_