



CARNEY HOSPITAL
PATIENT & FAMILY ADVISORY COUNCIL for BEHAVIORAL
HEALTH
MEMBERSHIP APPLICATION

Please fill out all pages of this application and send by **email** to: linda.sacenti@steward.org. You can also **fax** (617-474-3840) your application to Linda Sacenti or **mail** your application to: Linda Sacenti, 4-South, Carney Hospital, 2100 Dorchester Avenue, Dorchester, MA 02124. If you have questions, please feel free to **call** Linda at 617-506-4986.

Name: _____

Date: _____

Address: _____

Zip: _____

Telephone: _____

Email Address: _____

Application Questions

1. Why are you interested in serving on the Patient and Family Advisory Council for Behavioral Health?

2. Have you or a family member ever been a patient in Carney Hospital's inpatient psychiatric units?

Yes No

If yes, please describe the experience(s). What would have made your experience better? What impressed you about the services you received?

3. If you have participated in any organizations or committees, whether it be at work, in the community, through church, please share something about your experience.

4. Which skills, resources and expertise do you have to offer to this committee? You will be serving with committee members who may have different experiences from yours and different values. What do you hope this committee can accomplish by working together?

5. What type of time commitment can you make?

Is there anything else you would like us to know?

Pre-requisites to attending Council meetings

- You will need to sign a confidentiality statement
- You will need to attend a hospital orientation

Thank you for taking the time to complete this application. A member of the Steering Committee will call you to set up an interview. Please let us know which days/times are better for you:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Noon					
Afternoon					
Evening					