



**Family Advisory Council**  
**UCSF Benioff Children's Hospital Oakland**  
**Application Form**

We would appreciate your assistance in completing this form if you are interested in serving as a member of our Family Advisory Council, other advisory team, or improvement team. Information provided is confidential and will not affect the care being provided to your family member(s). This committee meets twice a month, 1<sup>st</sup> Tuesday of the month at 6:30pm and the 3<sup>rd</sup> Thursday of the month at 10:00 am.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you and when? \_\_\_\_\_

How are you interested in supporting the hospital Family Advisory Committee?

\_\_\_ Attend regular monthly meetings

\_\_\_ Participate in special teams or special projects

Thank you for taking the time to complete this application to become a family advisor for UCSF Benioff Children's Hospital Oakland. Please answer the following questions:

1. Why are you interested in partnering with the hospital as a family advisor?

2. What patient care experience have you had at our hospital during the past five (5) to seven (7) years?

3. How would you describe your overall patient care experience?

4. Is there anything else you would like to add?

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

All information contained on this form is considered confidential and is intended for use by UCSF Benioff Children's Hospital Oakland Family Advisory Selection Committee only. You will be contacted upon receipt of this application form to participate in a face-to-face interview. If selected, all Family Advisor applicants must pass a background check and complete a health screening.

Thank you! Please email this document to [cjohnston@mail.cho.org](mailto:cjohnston@mail.cho.org), fax it to 510-601-3924, or mail to:

**Christine Johnston**  
**Patient Advocate**  
**UCSF Benioff Children's Hospital Oakland**  
**747 52<sup>nd</sup> Street – Institutional Quality**  
**Oakland, CA 94609**

*CONFIDENTIAL RECORD OF THE FAMILY ADVISORY COUNCIL*  
*Not for distribution*