

Family Partners SAMPLE Application Form

(Please Print)

Name:

Address:

City: _____ State: _____ Zip Code: _____

Telephone: (Area Code) (_____) _____

E-Mail Address: _____

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Why would you like to serve as a partner?

Issues of special interest to you:

If you have served as an advisor for other programs or organizations, please briefly describe this experience:

Please specify times when you are able to attend meetings:

Daytime: _____ Evening: _ _____ Weekend: _ _____

I would be interested in helping with:

- Reviewing Family Satisfaction Tools, Policies and Procedures
- Developing/Reviewing Family Educational Materials and Website Resources
- Serving on an advisory committee
- Serving on a Quality Improvement Committee
- Participating on a Focus Group
- Educating New Employees, and Other Staff about family culture and issues
- Other, Please explain _____