WVU Medicine Children's

MOUNTAIN STATE CYSTIC FIBROSIS CENTER PATIENT/FAMILY ADVISORY COUNCIL MEMBER APPLICATION

First and Last Name* _____

Street Address:* _____

City: _____ State / Province / Region: _____ Postal / Zip Code: _____

Email:* _____ Phone Number:* _____

Are you able to attend hour-long meetings on weekday evenings four times per year?* ☐ Yes ☐ No

Which of the following best describes you?

- ☐ I am a pediatric patient with cystic fibrosis.
- ☐ I am an adult patient with cystic fibrosis.
- ☐ I am the parent/caregiver of a pediatric patient with cystic fibrosis.
- ☐ I am the parent/caregiver of an adult patient with cystic fibrosis.
- ☐ I am a family member of a pediatric patient with cystic fibrosis.
- ☐ I am a family member of an adult patient with cystic fibrosis.

Are you interested in any of these opportunities? Check all that apply.

- ☐ Helping to develop or review informational materials for patients and family members
- ☐ Providing feedback on center policies, staff and clinician practices, or programs
- ☐ Sharing my story and experience with others to help educate staff, clinicians, and trainees
- ☐ Volunteering by serving on the Mountain State Cystic Fibrosis Center's committees, conducting surveys, participating in clinical trials, etc.
- ☐ Other: please describe _____

_____

STATEMENT OF UNDERSTANDING

I certify that all statements made in this application are true. I understand that the Mountain State Cystic Fibrosis Center reserves the right to accept or reject my application in its sole discretion. I understand that I will be required to complete all HIPAA and volunteer requirements in order to be a member of the Mountain State Cystic Fibrosis Center's Patient/Family Advisory Council. By checking "I Agree" below, I consent to be an active participant in the WVU Medicine Children's Family Advisory Council, to attend regular and special meetings in accordance with the bylaws, and to serve for a term of three years or more, if reinstated.*

☐ I Agree

Please mail completed form to:

Ryan Juel
WVU Health Sciences Center
PO Box 9214
Morgantown, WV 26506-9916