



**Patient & Family Advisory Council**  
**Application Form**  
*Bringing Voices to Health Care*

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

What city do you live in? (Requirement is living in Enloe service area)  
\_\_\_\_\_

Have you ever been a patient at Enloe Health?

Yes  No

Have you ever been a care partner/caregiver of an Enloe Health patient?

Yes  No

Have you ever been employed by Enloe Health?

Yes  No

Are you able to commit to once-a-month meetings on a weekday for at least a year?

Yes  No  Maybe

Please explain what interests you in joining the Enloe Patient and Family Advisory Council (PFAC)?  
\_\_\_\_\_  
\_\_\_\_\_

**Members of PFAC:**

Help Enloe Health caregivers better understand issues from “the other side of the bed.”

- Take part in co-designing services and programs that personalize and humanize health care.
- Expand their own understanding of the health care system and how it works to better navigate it.
- Become an advocate for health services for family, friends and others in the community.

**For questions, please contact the Planetree Department Manager.**

**Office Phone: 530-332-7006**

**Email: [planetree@enloe.org](mailto:planetree@enloe.org)**