Komansky Center Family Advisory Council Member Application Form

If you have any questions, please call (212) 746-6007 and leave a message on the voice mail.

Required Information *(please print clearly):*

Name _____Age_____

Address _____

City State Zip _____

Phone_____ Fax_____ E-mail _____
(Please indicate home, work, cell, etc.)

We want to build a strong and diverse council. We ask that you share as much information as you would like about your family to help us reach this goal**.** We recognize the following questions may request private or privileged information about your family. **The following information is optional and will be kept confidential.** (We are parents, too.) We will only use it for Family Advisory Council Member application purposes.

Child's name _____ Child's age _____

Your relationship to child _____

What language does the family speak at home? _____

Do you speak more than one language? ☐ Yes ☐ No

Do you have other children who visit your child at the hospital? ☐ Yes ☐ No

If yes, what are their ages? _____

Was your child born at the hospital? ☐ Yes ☐ No

How many times has your child visited the hospital? (Approximate) _____

How many years has your child been visiting the hospital?

Has your child ever been admitted to the hospital for an overnight stay ? ☐Yes ☐ No

If yes, approximately how many times? _____

Approximate length of stay [or longest stay] _____

Please briefly describe your child's medical story. (You may also use back of this sheet or attach a page.) _____
_____

Please check the different departments that your child has visited at the hospital (please check all that apply).

☐ Cardiac	☐ Neonatology	☐ Psychiatry
☐ Cardiology	☐ Neurology	☐ Renal (Kidney related)
☐ GI/Liver	☐ Oncology	☐ Surgery
☐ Medicine	☐ Orthopedic	☐ Transplant
☐ Burn	☐ Other (please indicate) _____	

Should you need extra space, please feel free to add pages for any of the following questions.

What is one of your child's **best** hospital stories? _____

_____

What is one of your child's **worst** hospital stories? _____

_____

If you were a council member, what changes would you make to fix this problem? _____

_____

Please tell us why you think parents should have a bigger role in decision-making at the hospital.

_____

Please tell us anything else about your family that would add to the diversity of the council (religion, race, culture, family structure, etc)

_____

_____

How did you hear about us?

☐ Flyer or Brochure Physician ☐ Hospital staff member ☐ Other_____

Hospital Recommendation

We would like to ask a NYP hospital staff member to support your application. Please give us the name of a doctor, nurse, child-life specialist, social worker, or anyone else who knows you.

Name of Staff Member: _____

Please note: Council Members are considered volunteers of the hospital. If you are chosen to be a Council Member you will need a medical screening and a background check; both will be done by the hospital's Volunteer Services Department.

Mail application to:

Komansky Center Family Advisory Council
Office of Gerald M. Loughlin, MD
Professor and Chairman, Dept. of Pediatrics
Weill Cornell Medical College
525 East 68 Street, Box 225
New York, NY 10065
Telephone: (212) 746-6007

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NewYork-Presbyterian Phyllis and David Komansky Center for Children's Health Weill Cornell Medical Center