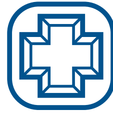

NORTH MISSISSIPPI HEALTH SERVICES

Volunteer Patient and Family Advisor Application

Date________________________

Personal Information

Name____

Address____

City______________________________ State_________________ Zip______________________

Primary Phone #__________________________ Cell Phone # ______________________________

E-mail Address ____

Emergency Contact__________________________________ Relationship _____________________

Home Phone #__________________________ Work Phone # ______________________________

Do you speak another language? ☐ Yes ☐ No If yes, please list ______________________________

Are you: ☐ Patient ☐ Family Member of a Patient

Definition of Family Member: A family member may or may not be related to the patient, can change according to care situations and is defined by the patient.

Advisor Information

When would you be able to attend meetings/events? *(Please give specific days and times)*

____

What times are you able to attend meetings/events? ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends

What days of the week are best for you? ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please choose all of the facilities you are interested in:

☐ North Mississippi Medical Center-Baldwyn Nursing Facility
☐ North Mississippi Medical Center-Eupora
☐ North Mississippi Medical Center-Hamilton
☐ North Mississippi Medical Center-Iuka
☐ North Mississippi Medical Center-Pontotoc

☐ North Mississippi Medical Center-Tupelo
  ☐ NMMC Cancer Care
  ☐ NMMC Emergency Services
  ☐ NMMC Women & Children's Services
☐ North Mississippi Medical Center-West Point
☐ North Mississippi Medical Clinics

Are you currently or have you ever been an employee or volunteer at NMMC ? ☐ Yes ☐ No
Please explain____

Why do you want to be involved in a Patient and Family Advisory Council?_______________________

____

Background Information

Have you ever been convicted or plead guilty to a crime? ☐ Yes ☐ No If yes, please explain __________

____

____

References

Please list three (3) references not related to you: *(complete mailing addresses are required)*

Name______________________________ Phone #_________________ Email ________________________

Relationship: ☐ Business ☐ Personal Years Acquainted_______

Address_____________________________________ City________________ State________ Zip _________

Name______________________________ Phone #_________________ Email ________________________

Relationship: ☐ Business ☐ Personal Years Acquainted_______

Address_____________________________________ City________________ State________ Zip _________

Name______________________________ Phone #_________________ Email ________________________

Relationship: ☐ Business ☐ Personal Years Acquainted_______

Address_____________________________________ City________________ State________ Zip _________

I authorize NMMC/NMHS to check the listed references and verify the information contained in this application, and I hereby release all references from all liability for issuing information regarding this applicant. I also understand that I will be required to submit to a background check, TB skin test and produce a childhood immunization record if born in 1957 or after, or submit to immunizations, as regulated by NMMC and CDC policies. If accepted as a volunteer at NMMC/NMHS, I understand that I am subject to removal if any of the information on this application is false or has been omitted, and that I may be asked to furnish documents supporting the statements herein.

Applicant Signature____ Date_________________

PLEASE MAIL APPLICATION TO:
North Mississippi Medical Center
Volunteer Services Department
830 South Gloster Street
Tupelo, Mississippi 38801
(662) 377-3131

North Mississippi Health Services does not discriminate based on national origin, age, race, sex, religion, covered disabilities and other protected status. These are not factors considered for volunteerism at North Mississippi Health Services.

FOR OFFICIAL USE ONLY

Interview____ Orientation____ Background Check____ Reference Check____ Employee Health____

CPR Certification____ Volunteer Area _________________ Days/Hours_________________