



Patient Family Advisor Application Form

Thank you for your interest in becoming a volunteer patient/family advisor with Ambulance New Brunswick.

To Become a Ambulance New Brunswick Volunteer Patient and Family Advisor

Please complete and return the attached application and supply two (*non family member*) references.

We will acknowledge receipt of your full application; however, not all applicants will be contacted for interviews as we have a limited number of positions available. Your application will be kept on file for six months. Applications are processed on a first come first serve basis and based on compatibility of free time and scheduling needs.

During the interview we will explore your health care experience, interests, what you would like to offer and what you hope to gain from your volunteer experience.

Applicants will be asked to successfully complete a Criminal Reference Check.

Placement will depend on the current needs.

You will be asked for a commitment of 2 year minimum.

As a member of the patient and family advisor team, you will receive a complete orientation and be supervised by our committee chair.

If you have any questions please do not hesitate to contact Ambulance New Brunswick and we will be happy to assist you. We look forward to hearing from you.

Sincerely,

Sharon Baxter
Coordinator, Projects & Programs
140 City Rd, Saint John NB, E2L 0C9



Patient & Family Advisor Application

Patient & Family Centred Care Program

Name: _____
(please print) (Surname) (First name)

Address: _____

Postal Code: _____ **Email:** _____

Telephone: (H) _____ **(C)** _____ **(W)** _____

Languages: French English Other _____

Employer (present and previous): _____

Why do you wish to become a Patient and Family Advisor?

Have you or a family member ever been a patient of Ambulance New Brunswick? _____

Please indicate when you were a patient or family member of a patient? _____

Please indicate times that you may be available:

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Name of Emergency Contact Person: _____

Relationship: _____

Telephone: (H) _____ **(C)** _____ **(W)** _____

I hereby certify that the facts set forth in this application are true and complete. I hereby authorize a Patient Family Centred Care staff member to contact my present or previous employer and/or my references as indicated on this application.

Signature

Date



CONFIDENTIAL REFERENCE FORM

Please complete this form and **mail directly** to:
 Patient & Family Centred Care, ATTN: Sharon Baxter
 140 City Rd, Saint John NB, E2L 0C9

APPLICANT'S NAME: _____ DATE: _____

REFERENCE INFORMATION

Referee's Name: _____ I have known the applicant for _____ year(s) in the
 (Please print in full first and last names) capacity

Email Address: _____ of _____
 (e.g. Friend, Coach, Teacher, Supervisor, Employer.)

Phone: _____

Position: _____ Signature: _____

PLEASE NOTE: The individual named above has applied to volunteer with Ambulance New-Brunswick as a patient and family advisor. As a patient and family Advisor, this individual would have contact with patients, their families, general public and are also required to work co-operatively with other volunteers /hospital staff. In patient related areas patient/family advisors need to feel at ease while interacting with children, youth, adults and seniors as well as offering support to their families. Any information you provide will be treated in confidence. **We would appreciate your honesty in the evaluation of this person.**

How well does the applicant work as part of a team?	Comments:
How does the applicant relate to people?	Comments:
If faced with a stressful situation, how would the applicant respond? (Become discouraged, avoid the situation, persevere or seek assistance)?	Comments:
How does the applicant handle conflict and pressure?	Comments:
Would you recommend the applicant for a position of trust?	Comments:
Is the applicant a reliable/punctual individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
How does the applicant handle confidential information?	Comments:
Is there anything you feel we should be aware of in accepting the applicant as a patient/family advisor?	Comments:
In your opinion, would you recommend the applicant to be a volunteer patient/family advisor in a healthcare program? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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