



Family Advisory Council

Parent Placement Application

Thank you for your interest in volunteering for the Parent Placement Program of the Family Advisory Council. Please print clearly. This information is received in the strictest confidence. (We are parents, too!) . If you have any questions, please phone Michelle Morea, Membership and Placement Coordinator, at 212-305-0709 or email: familyadvisorycouncil@nyp.org.

1. Name _____
Address _____
City, State, Zip _____
Daytime Phone _____ Evening _____
Cell _____ Email _____

If you are a current or former council member, please skip to question # 6

2. Please briefly describe your child's medical story: (You may also add pages.)

3. We'd also like to know which parts of the hospital you are familiar with.

How many total days has your child spent as an in-patient? _____

How many times have you had clinic appointments? _____

How many times have you visited the Emergency Room? _____

4. Council members are often asked for advice from different departments and units within the hospital. From the list below, please pick those departments or units you are familiar with and could comment on.

Cardiac/ Cardiology

Emergency Room

GI/Liver

Medicine

Neurology

NICU

Oncology

Orthopedic

PICU

Psychiatry

Renal (Kidney related)

Surgery

Transplant

Other (Please indicate)

5. Council members on the Family Advisory Council collaborate with hospital staff on a regular basis. Please explain why you think parents and staff working together on different projects is beneficial.

6. Parent placement opportunities range from a 5-minute online survey to a 1-year hospital committee appointment. We know family schedules are hectic. Please give us a sense of your time commitment.

7. Our parents are involved all across the hospital (e.g. parking policies, asthma home care, patient safety, bereavement services, PICU and NICU). Is there a part of the hospital that you are particularly passionate about? If so, please explain.

II. Hospital Recommendation

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

Name of Staff Member: _____

Phone/Pager: _____ Or email: _____

**Thank you for completing this application for the Family Advisory Council.
If your application is successful, you will be contacted for an interview.**

Please note: The Family Advisory Council provides parking vouchers for all meetings at the hospital, and honorariums for long-term committee placements.

Apply online at www.childrensnyp.org or send the completed form to Michelle Morea by mail:

Family Advisory Council, c/o Michelle Morea, PO Box 338, Massapequa Park, NY 11762

Email: familyadvisorycouncil@nyp.org Phone: 212-305-0709