

APPLICATION FOR THE FAMILY ADVISORY COUNCIL

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____

Cell Phone: _____

Email: _____

Child's Name: _____

Child's Diagnosis : _____

Languages Spoken: _____

I have been involved at CHLA as a patient/family member since _____ (Year)

I am the ___Patient ___Parent/Legal Guardian ___Other family member (please list)_____

Please tell us which clinic and/or unit you/your child (Example: Pulmonary, GI, NICU, PICU, BMT, Emergency Department etc.)

Please tell us why you are interested in joining the Family Advisory Council?

Please describe any other committee experience you have had either in schools, community, churches etc.?

Do you have experience with public speaking and are you comfortable speaking in front of people?



What are some things that made your/your child's experience at CHLA easier or more difficult for you and your child?

What is your availability during the week (days/times)?

Hospital Recommendation

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

Name of Staff Member:

Phone/Pager: _____

E-mail: _____

Thank you for taking the time to tell us more about your interest in the Family Advisory Council at CHLA. Please return to Danielle Jonas via mail or Email

Danielle Jonas
4650 Sunset Blvd., MS#170
Los Angeles, CA 90027
Email: fac@chla.usc.edu or djonas@chla.usc.edu

Please note: Family Advisory Council members are considered volunteers of the hospital are subject to a background check and health clearance by the hospital's Volunteer Resources Department