



**Great Falls Hospital
Patient & Family Advisory Council (PFAC) Application**

Great Falls Hospital is seeking a diverse group of patients and family members to serve on the Patient & Family Advisory Council (PFAC). Members will share their perspectives and experiences to help improve the quality of care we provide.

- PFAC members will serve a **two-year term** (January 2026 - January 2028).
- If you are selected, Great Falls Hospital will contact you with further details.

Applicant Information

Name: _____ **Age:** _____

Gender: Male Female Not specified Prefer not to answer

Ethnicity: Caucasian African American Hispanic Hmong Other

Address: _____

Phone Number: _____ **Email Address:** _____

Background

1. Are you applying as a:
 - Patient
 - Family Member

2. Have you or a family member received care at Great Falls Hospital in the past three years?
 - Yes
 - NoIf yes, did the care involve an overnight stay? Yes No

3. Have you or a family member received hospital-based services at another facility in the past two years?
 - Yes
 - No

4. Participation on this committee involves a two-year commitment. Are you comfortable serving for this term?
 - Yes
 - No



5. Why do you want to serve on the Patient & Family Advisory Council?

6. What unique perspective, skills, or experiences would you bring to the PFAC?

I certify that the information provided is accurate.

Signature: _____ **Date:** _____

Thank you for your interest in making a difference!