DANA-FARBER Boston Children's
CANCER AND BLOOD DISORDERS CENTER

Dana Farber/Children's Cancer and Blood Center Pediatric Patient & Family Advisory

Application

Thank you for your interest in joining the Pediatric Patient and Family Advisory Council (PPFAC). The PPFAC is dedicated to assuring the delivery of the highest standards of comprehensive and compassionate health care provided by Dana Farber/Children's Cancer and Blood Center. Working in active partnership throughout Dana-Farber/Boston Children's, the Council strengthens communication and collaboration among patients, families, caregivers and staff; promotes patient and family advocacy and involvement; and proposes and participates in the development and evaluation of oncology programs, services, and policies.

Eligibility
A teen patient (18 years of age or older)/young adult patient or family member or caregiver of a person treated at Dana Farber/Children's Cancer and Blood Center, are eligible to apply for Pediatric PFAC membership.

Membership requires a one-year commitment (renewable for six years). Members are expected to participate in all monthly regular meetings and to participate on a minimum of one committee and/or projects.

Members must be able to commit to attending monthly Council meetings (usually the 3rd or 4th Tuesday of the month from 5:30-7:30pm at Dana-Farber) and participating on committees and projects (some of which require daytime hours)

Application Process

Prospective applicants are required

1. to complete the attached membership application
2. **submit an interest statement** including, but not limited to, the following information:
   - why you are interested in Council membership
   - what patient advocacy means to you
   - why you believe you will be an advocate for patient- and family-care
   - what qualities and skills you will contribute to the Council
   - the amount of time you are able to commit to Council work
   - examples of your experience of group membership (if applicable)

Please return the completed application and required documents via email to Renee Siegel, Program Manager, PFAC at Renee_Siegel@dfci.harvard.edu or US Postal Service: Renee Siegel, Dana-Farber Cancer Institute, Yawkey Center, YC-151, Boston, MA 02215 or fax # 617.582.7430. If you have any questions, you may contact Renee at (617) 632-4319 or via email.

Applications are reviewed upon receipt. Potential members are contacted for on-site interviews with staff and Council Co-Chairs. Accepted applicants must complete health screening requirements (including documentation of vaccine history and a TB test) and attend an on-site Volunteer and PFAC orientation.

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Section One:

Name_____

Address_____

Telephone *Please indicate preferred phone number and best time to reach you*_____AM/PM

Work_____ Home_____ Cell_____

Email address_____

Are you eligible to work in the United States of America? Yes_____ or No_____

Section Two:

Please check the appropriate line:

___ Adolescent/teen patient currently in treatment
___ Family member of pediatric/adolescent/teen patient currently in treatment
___ Adolescent/teen cancer survivor
___ Bereaved parent or family member
___ Family member of pediatric/adolescent or teen survivor
___ If family member, your relationship to patient

Are you a legal guardian of the patient? Yes_____or No _____

Section Three:

Patient Diagnosis (type of cancer or blood disorder)_____
Year of original diagnosis_____
Patient age at diagnosis_____
Year treatment was completed (if applicable) _____

What did your/your family member's care involve? Please check all that apply:

___ Chemotherapy
___ Integrative Therapy(ies)
___ Spiritual Services
___ Radiation Therapy
___ Speech and Swallow Counseling
___ Social Services
___ Nutritional Counseling
___ Surgery
___ Other (please specify)
_____

Section Four:

Your area(s) of interest, please check all that apply:

___ Clinical Care
___ Council Operations
___ Improvement
___ Clinical Research & Trials
___ Human Resources
___ Supportive Resources & Services
___Communication, Marketing & Public Relations
___ Inpatient Care
___ Patient Safety & Quality
___ Health Disparities & Equity

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Conditions of Volunteer Services *Please read before signing*

I certify that the statements made in this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer member of the Council. I agree to abide by the guidelines of Volunteer Services, to respect patient confidentiality, and to uphold the traditions and standards of Dana-Farber Cancer Institute. I understand that membership on the Pediatric Patient and Family Advisory Council will be based upon approval from Volunteer Services, Occupational Health Services, Council members and the director of Volunteer Services and the Shapiro Center for Patients and Families. By signing this application, I am authorizing the staff of the PPFAC to discuss my participation in the program with my or my family member's clinical care staff, including physician, nurses, social works or other psychological providers.

Volunteers will demonstrate a readiness to help others, will maintain respect for collaboration and will assist DFCI in delivering quality patient and family cancer care.

I understand that membership on the Council requires my commitment to attend monthly Council meetings and to participate on committees, task forces and/or special projects throughout my term. Membership terms are one year in length and may be renewed for a maximum of three terms.

Applicant Signature:_____ Date: _____

For those applying as a family member: In order to assure compliance with the Federal HIPAA regulations, family members must include the patient's name and obtain his/her signature to indicate that he/she understands you may use his/her name and/or medical history information in your capacity as Council members. If the patient is a minor and the family member is not the legal guardian, the applicant must obtain the signature of the minor's legal guardian.

Patient name:_____

If applicable, patient signature:_____ Date:_____

If applicable, legal guardian's name (please print): _____

Legal guardian's signature:_____ Date:_____

Parental consent for participants:_____ Date: _____