



## APPLICATION FOR FAMILY ADVISORS Family Advisory Council

Goryeb Children's Hospital at Morristown Medical Center and  
Goryeb Children's Center at Overlook Medical Center

The **Family Advisory Council (FAC)** is actively recruiting Family Advisors to participate in committee membership.

**Mission:** The Council's mission is to promote Patient and Family-Centered Care through a comprehensive and compassionate partnership among patients, families, patients and healthcare professionals. We will provide resources and guidance to strengthen our collaboration, improve communication and empower families to have a voice in their child's care at the Goryeb Children's Hospital and the Goryeb Children's Center.

**Diversity:** Family Advisors are selected to represent the diverse populations of all patients and families who access services at either the Goryeb Children's Hospital at Morristown Medical Center and/or the Goryeb Children's Center at Overlook Medical Center. This includes families who have utilized any type of service that we offer at our hospitals. For example, some services may include, but are not limited to your experiences with: outpatient areas, inpatient units that include Pediatrics and Pediatric Intensive Care Unit, surgical services, mind-body services, hematology and oncology services, outpatient pediatric infusions, etc. You may have had only one visit here or continue to access our services ongoing. You are the experts in how you define your family and we welcome adult members of your family to participate. Whether you are the mom or dad, aunt, uncle, grandma, grandpa, adult sibling, or even if you are the "pediatric" patient who is a young adult, we welcome any or all of you to apply for membership to participate as advisors to help us be the best we can be.

**Participation:** Family Advisory Council Advisors are requested to participate in ongoing department specific sub-committees that meet ongoing throughout the year, and/or short term projects as well as other initiatives as well as the monthly Council meeting of the FAC at the Goryeb Children's Hospital. This is a 1-2 hour meeting that takes place monthly and usually meets mid-morning or as what time is agreed upon by FAC members (except summer months in July and August). Members of the FAC are asked to serve a 3-year term if able. All positions are unpaid volunteer positions.

**Selection Process:** The Membership Subcommittee of the FAC will review completed applications submitted by interested family members and arrange for in-person candidate interviews. They will then submit their recommendations to the FAC Co-Chairs who will make the final membership selection. Diversity in culture, gender, and hospital experiences will be considered.

**Requirements of FAC Members:** Members do not need any specific experience or background to serve on the FAC, but they should be able to:

- Share insights and information about their experiences in ways that others can learn from them.

- See beyond their personal experiences and be able to look at the big picture as well.
- Show concern for more than one issue or agenda.
- Be a good listener.
- Respect the perspectives of others.
- Speak comfortably in a group with candor.
- Interact well with many different kinds of people.
- Work in partnership with others.

**APPLICATION FOR FAMILY ADVISORS  
Family Advisory Council**

**Goryeb Children's Hospital at Morristown Medical Center and  
Goryeb Children's Center at Overlook Medical Center**

Date \_\_\_\_\_

Referred by: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

What is the best way to contact you and when? \_\_\_\_\_

Name(s) and ages(s) of Child(ren): \_\_\_\_\_

\_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Thank you for taking the time to complete this application for the Goryeb Family Advisory Council. Please write a brief answer to the following questions in the spaces provided. (If you feel that a longer response is needed, please attach a separate page)

1. Have any of the children mentioned above been hospitalized at the Goryeb Children's Hospital at Morristown Medical Center and/or the Goryeb Children's Center at Overlook Medical Center?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of first & last admission : \_\_\_\_\_

Name of Child admitted: \_\_\_\_\_

2. Have you used outpatient services at the Goryeb Children's Hospital at Morristown Medical Center or Goryeb Children's Center at Overlook Medical Center

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list the name(s) of child(ren) who use clinics or outpatient services.

\_\_\_\_\_

3. Please indicate the location(s) you have used and if you have have been treated at both locations, please approximate in percentages the amount of experience you have with each location.

\_\_\_\_\_ Goryeb Children's Hospital at Morristown Medical Center

\_\_\_\_\_ Goryeb Children's Center at Overlook Medical Center

4. Please indicate those departments or units where your child(ren) has/have received care.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cardiac/ Cardiology           | <input type="checkbox"/> Gastroenterology    | <input type="checkbox"/> Pediatric Inpatient Unit |
| <input type="checkbox"/> Craniofacial Center           | <input type="checkbox"/> Infectious Disease  | <input type="checkbox"/> PICU                     |
| <input type="checkbox"/> Child Development Center      | <input type="checkbox"/> Mind-Body Center    | <input type="checkbox"/> Rehabilitation           |
| <input type="checkbox"/> Diabetes/ Endocrinology       | <input type="checkbox"/> Nephrology          | <input type="checkbox"/> Respiratory              |
| <input type="checkbox"/> Eating Disorders              | <input type="checkbox"/> Neurology           | <input type="checkbox"/> Surgery                  |
| <input type="checkbox"/> Emergency Dept.               | <input type="checkbox"/> NICU                |   |
| <input type="checkbox"/> Other (Please indicate below) | <input type="checkbox"/> Oncology/Hematology |   |

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5. Please describe the medical condition of your child(ren).

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6. Why would you like to be on the Family Advisory Council?

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7. What areas of concern do you have that you would like to see the Family Advisory Council address?

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8. Do you have experience teaching or speaking in public? You may use examples from work, community service, religious affiliations, etc. (Please note: such experience is not required for appointment to the Family Advisory Council.)

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9. Is there anything not covered in this application that you would like to add?

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All information contained on this form is considered confidential and is intended for the use by the Goryeb Family Advisory Council Membership Subcommittee only.  
Thank You!

**Please return this application via email to either:**

Liz DuBois, Nurse Manager Goryeb Children's Hospital @ [liz.dubois@atlantichhealth.org](mailto:liz.dubois@atlantichhealth.org)

Or: Parent Chair of Family Advisor Committee: Heather Collins @ [teamcollins@verizon.net](mailto:teamcollins@verizon.net)

Or, via regular mail to:

Liz DuBois RN, MS CPN, NE-BC,  
Nurse Manager Goryeb Children's Hospital, Box 41  
Goryeb Children's Hospital,  
100 Madison Avenue,  
Morristown, NJ 07962