



SCOTLAND COUNTY HOSPITAL & CLINICS

450 E Sigler Avenue

Memphis, MO 63555

Ph.: 660-465-8511

CARING FOR YOU, WHEN YOU NEED US.

**Patient Family Advisory Council
Volunteer Application Form**

I am applying as (Choose One):

- Family Member of Patient
- Community Member
- Patient Hospital/Clinics Staff



In the box below:

- Tell us about your hospital or clinic experiences as a patient or family member.
- What would have improved the experience(s)?
- What impressed you about your experience(s)?
- Why do you want to be involved in the Patient Family Advisory Council?

If you have participated in any organizations or committees please share examples of those in the box below (i.e. community, school, church, civic club, etc.).

Please return this application in one of these ways:

- **Drop off at a Rural Health Clinic front desk - Edina, Lancaster, Memphis or Wyaconda Medical Services**
- **Drop off at the Admissions/Registration desk at the Hospital's Main/ER entrance**
- **Scan & email to caring4u@scotlandcountyhospital.com**
- **Send in the mail to SCH, attn: Quality Improvement Office, 450 E. Sigler Avenue, Memphis, MO 63555**