|  |  |
| --- | --- |
| Name: | Phone/email: |
| Child’s Name (if applicable): | Child’s Age: |
| City of Residence: | Languages Spoken: |

1. Why are you interested in becoming a member of the Patient Family Advisory Board (PFAB)?
2. What qualities do you bring to support the mission and activities of the PFAB to improve partnership between patients and families and the CF clinic at Kaiser Permanente?
3. In your opinion, what could the CF clinic have done to improve the quality, safety and experience when caring for you or your child?
4. Have you participated in any other volunteer work or fundraising activity? Please describe.
5. Are you comfortable working within groups and speaking in public? Please give examples.
6. PFAB members are expected to make at 1 to 2 year commitment and meet every 3 months (in person or via telephone) for a 1 hour working meeting with the social worker and other CF staff members for collaboration. Between meetings, members complete tasks and communicate through email. How do you plan to meet this expectation?