

## Upper Canada Family Health Team Patient & Family Advisory Committee Expression of Interest Form

Thank you for your interest in this volunteer opportunity to participate as a representative on the Upper Canada Family Health Team's Patient and Family Advisory Committee. Please complete and return this form to Sherri Fournier Hudson no later than **July 28, 2017** at [shudson@ucfht.com](mailto:shudson@ucfht.com), or the Upper Canada Family Health Team, 5 Home Street, Brockville, Ontario, K6V 0A5.

Please check the box that best describes your current/previous experience in the Upper Canada Family Health Team (please check only one).

- Patient
- Family/friend/caregiver

Please tell us the **town** where you (or your family member/friend) are receiving/received primary care

- Brockville
- Gananoque
- Lansdowne
- Seeley's Bay

Please indicate your age range.

- 16-18
- 18-25
- 26-39
- 40-55
- 56-64
- 65-75
- 76 +
- I prefer not to answer

Are you comfortable communicating (verbal and written word) in English?

- Yes
- No

Do you speak French?

- Yes
- No

Do you speak any other languages? \_\_\_\_\_

Do you have experience as a member of a committee either through paid work or as a volunteer (for example, through a school or community group)?

- Yes
- No

If you answered yes, please tells us a bit about the committee and briefly describe your role.

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5. How long were you involved with this committee?

- Less than 1 year
- 1-3 years
- 3-5 years
- 5-7 years
- 7-10 years
- More than 10 years

Please tell us why are you interested in participating as a representative on the Patient and Family Advisory Committee?

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7. How do you think your experience (including work, volunteer and experience in the cancer care system) and skills will help you as a member of the Patient and Family Advisory Committee? Please feel free to share examples of your experience and/or skills.

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8. Is there anything else you would like us to know about you?

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9. How long could you commit to participating as a member of the Patient and Family Advisory Committee?

- 1 year

- 2 years
- Unsure

Please provide your contact information below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Thank you again for your interest in the Upper Canada Family Health Team Patient and Family Advisory Committee and for taking the time to complete this form. There are a limited number of positions on the Committee. For those who apply but are not selected for the Committee, there will be future opportunities to participate in other ways.

If you are not selected for the Committee, may we contact you in the future about other patient engagement opportunities at the Upper Canada Family Health Team?

- No
- Yes

Should you have any questions about the selection process, please contact:

Manish Watts: 613-423-3333 ext 223 or email [mwatts@ucfht.com](mailto:mwatts@ucfht.com)

Thank you for your interest in joining the Upper Canada Family Health Team Patient Advisory Committee and for taking the time to complete this form.