



Voicing opportunities for improvement, collaboration and engagement

Thank you for your interest in joining Sheridan Memorial Hospital's Patient and Family Advisory Council (PFAC), also known as VOICE (Voicing Opportunities for Improvement, Collaboration and Engagement). Please complete this application to help us better understand your background and interest in participating. Please direct any questions to our Patient Experience team at patientexperience@sheridanhospital.org.

First name: _____

Last name: _____

Email: _____

Phone number: _____

Preferred method of contact:

☐ Email

☐ Phone

☐ No preference

I am a:

☐ Patient

☐ Family member

☐ Healthcare team member

Tell us about your experience at Sheridan Memorial Hospital. What stood out to you as positive? Were there any aspects of your experience that could have been improved?

Why are you interested in joining VOICE?

What skills, experiences, or interests would you bring to VOICE? These could be healthcare-related or drawn from your personal, volunteer, or professional life.

In your opinion, why is it important for hospitals to listen to patients and their families?

Are there specific areas of care you're most passionate about improving or learning more about (e.g., communication, patient safety, discharge planning, access to care, etc.)?

How comfortable are you sharing your thoughts in a group setting?

**Do you have any availability preferences or limitations (daytime, evenings, virtual meetings)?
Let us know what scheduling works best for you.**

Mail your completed application to:
Sheridan Memorial Hospital
c/o Patient Experience
1401 W 5th Street
Sheridan, WY 82801

OR

Email your completed application to:
patientexperience@sheridanhospital.org

