

Pediatric Parent Advisory Council (PPAC)

New Member Application Form



I am interested in becoming an active member of the Pediatric Parent Advisory Council (PPAC) at Children’s Memorial Hermann Hospital (CMHH) and I...

- Can meet for PPAC meetings on the 4th Thursday of every month and extra events throughout the year;
- Am willing to meet virtually when necessary via Zoom;
- Am willing to share my thoughts and ideas about the hospital with other group members;
- Have had a child or family member cared for at Children’s Memorial Hermann Hospital; and
- Am an adult that has been a patient at Children’s Memorial Hermann Hospital.

Name: _____

Address: _____

_____ City State Zip

Cell Phone number: _____ Can you receive text messages? _____

E-mail: _____

Birth Date: _____ Gender: _____

Food Allergies/Requirements: _____

Current Status: Patient Parent/family member Bereaved parent/family member

Name of CMHH patient: _____ Diagnosis: _____

How did you hear about the PPAC? _____

Please provide the name and phone number of a physician/staff member and a non-family member reference.

Name: _____ Phone: _____

Name: _____ Phone: _____

Your Signature: _____

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Pediatric Parent Advisory Council Application

Short Biography: Please tell us more about you, your experiences as a patient or family member and why you would like to volunteer for our PPAC. We believe that CMHH's Patient and Family Centered Care Program (PFCC) should reflect the diversity of families we serve. Please share anything about yourself that you think would add to the diversity of our program.

What are you past or current volunteer experiences at CMHH or in your community?

Have you ever participated on a hospital board or council before? Yes No

Have you ever been convicted of a crime?* Yes No

Are there pending felony charges against you?* Yes No

*Memorial Hermann Health System will conduct a criminal history file check for all new and returning volunteers to determine the existence of any arrest resulting in conviction. Please give dates, places, charges and disposition of all convictions and any other information about convictions you would like Volunteer Services to consider.

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Do you have any improvements or ideas for Children's Memorial Hermann Hospital that you would like to bring to PPAC?

(Please circle one) YES NO NOT RIGHT NOW

If yes, please briefly explain:

All information on this application is considered confidential and is intended for use by the PFCC Program only. You will be contacted upon receipt of this application to participate in a face-to-face interview. Before serving in the PFCC Program, you will be asked to sign a confidentiality agreement and participate in the Memorial Hermann Volunteer Program that includes a criminal history background check, health screening and TB testing, and new volunteer orientation. Your contact information may be shared with CMHH/PFCC committee members for the purposes of volunteer placement and service.

Thank you for your interest in the CMHH PFCC/PPAC Program.

Complete this application and email to:
ppac@memorialhermann.org

If you have any questions about the Pediatric Parent Advisory Council, please email us at ppac@memorialhermann.org.

