

Have you ever been convicted of a felony? ____Yes ____No

If yes, please explain _____

I certify that all statements on this application are true and complete. If selected for committee membership, I understand that any falsification of, or omission from, this application may result in termination of membership from the Patient Family Advisory Council. I further understand:

- Selection as a Patient Family Advisory Council member is contingent upon CORI check.
- That Clinton Hospital is a drug-free and smoke-free environment.
- Council members are volunteers, therefore are required to complete a general orientation relevant to their duties.

SIGNATURE: _____ DATE: _____