



**Ochsner Health System
Family Advisory Board Application**

Name: _____

Home Address: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone (include area code): _____

1. Have you or your family received services at Ochsner? Yes _____ No _____

2. What units and services did you or your family receive care?

3. Why would you like to be on the Family Advisory Board?

4. What are your areas of special interest/skills?



5. What topics would you like to see the Family Advisory Board discuss?

6. What extracurricular activities are you currently involved in (example: committees, associations)

7. We believe the Family Advisory Board should reflect the cultural diversity of families who are consumers of health care services. In light of this, please share how your participation would add to the board diversity. Some examples of diversity include ethnic, racial, spiritual, social, economic, education, geographic, gender, family structure.

Thank you for expressing interest in serving on the Family Advisory Board.

Please complete this form and mail to:
Ochsner Medical Center
Guest & Volunteer Services Office
1514 Jefferson Highway
New Orleans, LA 70121

If you have any questions about this form, please call (504) 842-5085.