Patient-Family Partner Volunteer Engagement Request

1. Requestor name: ____________________

2. Preferred contact: ________________________________________________________________

3. Attach project form and describe improvement work:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

4. Seeking patients with specific conditions/experiences?
   □ Diagnosis: ____________________
   □ Number of patients: __________
   □ Number of family/support person: __________

5. Engagement type (choose all that apply or request a consult if not sure):
   □ Kaizen event, RPIW, 3P (full-time participant and/or panel)
   □ Share patient story
   □ Visit PeopleLink, staff meeting, retreat, etc.
   □ Committee member
   □ Review patient education or information
   □ Strategic planning
   □ Other: ______________

   Date(s) required: From: ___________ To: ______________

6. What specific patient or professional experience would be helpful, or are you seeking an outside eyes perspective? (e.g. professional experience- Finance/accounting, purchasing/distribution, IT, educator, parent, engineer, leadership/management, etc)
   ________________________________________________________________________________
   ________________________________________________________________________________

RETURN COMPLETED FORM TO: vmvs@vmmc.org