

**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)

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**RETURN COMPLETED FORM TO:** [vmvs@vmmc.org](mailto:vmvs@vmmc.org)