

Cooperman Barnabas Medical Center

Transgender Patient Family Advisory Council

Member Interest Form

Thank you for your interest in Cooperman Barnabas Medical Center's (CBMC's) Transgender Patient Family Advisory Council (PFAC). Patients and support persons interested in joining the team will complete a "Member Interest Form." Selected patients/support persons completing the form will then meet virtually with representatives from the Transgender PFAC team.

Applicant Information: (PLEASE PRINT LEGIBLY)

First Name: _____ Last Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone: _____ Email: _____

Best way to reach you (Check all that apply): Phone: _____ Email: _____

Age: Under 18 _____ 19 - 30 _____ 31 - 40 _____ 41 - 50 _____ 51 - 60 _____ 61 - 70 _____

I am or have been a (Check all that apply): Patient _____ Support of Patient _____ Both _____

If in Support of a Patient, what was your relationship to the patient (i.e., Parent, etc.)? _____

Please tell us why you are interested in serving on the Transgender PFAC, and why you would be a good representative?

We believe the PFAC should reflect diverse identities. Please describe your diverse identities (e.g., ableism, gender identity, age, ethnicity, religion, etc.)

Are you comfortable speaking in front of other people, presenting information or sharing personal experiences?

Yes _____ No _____ If no, please explain: _____

Best time for Meetings Monday-Friday (Check all that apply): Daytime (12p - 3p) _____ Evenings (4p - 8p) _____