



2024 Patient & Family Advisory Board Application

Name (First and Last): _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Cell phone: _____

Email address: _____

Preferred contact: Home phone Cell phone Email

Emergency Contact Information

Name (First and Last): _____

Relationship: _____ Home phone: _____

The following questions will help us get to know you better.

1. I am a...

- Adult patient with congenital heart disease
- Family member of a patient with congenital heart disease (spouse/partner, parent, sibling)

2. What is your current employment status (check all that apply)?

- Student Full-time
- Student Part-time
- Employed Full-time
- Employed Part-time
- Seeking Opportunities
- Presently on Disability
- Retired
- Prefer not to answer

3. What is the highest degree or level of education you have achieved?

- Some High School or currently in High School
- High School
- Community College
- Bachelor's Degree
- Master's Degree
- PhD or Higher
- Trade School
- Prefer not to answer

4. What language(s) are you capable of speaking fluently (check all that apply)?

- English
- Spanish
- Portuguese
- French
- Mandarin
- Arabic
- Other _____
- Prefer not to answer

5. Why do you want to participate on the ACHA Patient & Family Advisory Board?

6. How do you believe an organization like ACHA can best serve patients and families living with congenital heart disease?

7. Is there a particular topic(s) you think the ACHA PFAB should address, and how could you assist ACHA in addressing that topic(s)?

8. Please describe how you could actively participate in and promote ACHA activities in your community as a PFAB Leader and motivate others to participate.

9. Please briefly describe any experience(s) you may have as a volunteer/and or fundraiser (either with ACHA or other organizations).

10. Please briefly describe any specific talents, skills, special interests or experiences you would like us to know about you.

Signature _____ Date _____

Thank you for your interest in the ACHA PFAB.

Please save this document to your computer before you email your completed application to:

Julio Araujo (jaraujo@achaheart.org) no later than 12 p.m. EDT on *June 18, 2024*.

We will review your application and be in contact with you soon.