



**Please write brief, but descriptive answers to the following questions:**

1. Please tell us about yourself: (You may wish to include information about a recent health care journey, your career, volunteer experiences, personal interests, hobbies, family, etc...).
2. What are some of the specific things that CKHA health care professionals do/have done to help you and your family?
3. What are some of the things you would like CKHA health care professionals to do differently or better to help patients and their families?
4. Is that anything else you would like to share?

**How did you hear about the Patient Experience Advisor role at CKHA (check all that apply)?**

- |                          |              |                          |         |
|--------------------------|--------------|--------------------------|---------|
| <input type="checkbox"/> | Social Media | <input type="checkbox"/> | Flyer   |
| <input type="checkbox"/> | Radio        | <input type="checkbox"/> | Friend  |
| <input type="checkbox"/> | Newspaper    | <input type="checkbox"/> | Website |
| <input type="checkbox"/> | Other: _____ |                          |         |

**Agreement:**

I understand that my application does not guarantee me a position at Chatham-Kent Health Alliance (CKHA).

I understand that if selected to become a CKHA volunteer, I will be required to complete the orientation process including, but not limited to, providing a Police Background Check, undergoing a Health Review and attending an orientation session.

I hereby certify that all information included in this application form is true and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(YYYY/MM/DD)

**Please submit this application to:**

Taryn McGregor – Van Hooren  
Patient Experience Office  
80 Grande Ave West, Chatham Ontario N7M 5L9  
[patientrelations@ckha.on.ca](mailto:patientrelations@ckha.on.ca)