

Name: _____

Date of Birth: _____ Date of Application: _____

Why do you want to be a member of the Teen Advisory Council? (1-2 paragraphs)

When you come to Nemours, what kinds of services do you receive?

Have you visited the hospital, one of our outpatient sites, or both? Please check all that apply:

- Nemours/duPont Hospital for Children
- Satellite/outpatient location
- Both

Are you willing to share your personal experiences with healthcare?

- Yes
- No

If answered "Yes" to the previous question, please tell us something you would like us to know about your healthcare experiences.

What other extracurricular activities are you involved in?

Can you commit to a minimum of 2 years with the Teen Advisory Council, or until you are no longer a patient at Nemours (whichever comes first)?

Yes No

As part of your application, we'd love to set up a time to meet and talk with you. Please list dates and times you are available.

*It is important that we put together a teen advisory group that is representative of all our patients. In other words, we would like to have a diverse membership to help us understand the needs and concerns of **all** patients. Answering the questions below is optional but will help us reach our goal of forming a diverse group:*

DEMOGRAPHIC QUESTIONS

1. Which of the following best describes you?

- Male
- Female
- Transgender
- Gender fluid
- Non-binary
- Other, please specify:

2. Please specify your ethnicity. Please select all that apply [multi-select]

- White
- Hispanic, Latino, or Spanish
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Multiracial
- Other, please specify:

3. What language do you most often speak at home?

- English
- Spanish
- Other, please specify:

Thank you for your interest in the Teen Advisory Council!
We will contact you or your parent/ guardian once your application has been reviewed.