



Dear Colleague:

We are recruiting new members for our Teen Advisory Council at Nemours Children's Hospital, Delaware. The purpose of this council is to advise hospital staff and administration on issues regarding the health care experience at the hospital as well as satellite locations in the Delaware Valley. Council members will be asked for their feedback on current programs, services and facilities, as well as invited to participate in the planning of new ones. All input from our members is considered valuable information.

We are asking for your help in identifying potential candidates to serve on our council. **Please keep these nominations confidential as we have a limited number of seats and not every application will be accepted.** Please consider the following when making nominations:

1. Members must be at least 13 years old and current patients at Nemours Delaware Valley.
2. Members need to be able to work well with others.
3. Members must be willing to share their own experiences with the health care system.
4. Members must be a creative and positive voice for pediatric patients.
5. Members must listen to others and encourage the sharing of ideas.
6. Members must be able to communicate their opinions and ideas.
7. Members will be asked to commit to serving on the council for a minimum of two years, or until they are no longer a patient of Nemours Children's (whichever comes first).
8. Members must be willing to attend at least 7 out of 10 meetings.
9. Members must be patients. Members' parents or guardians must agree to and support their participation on the council.
10. The Council will meet once a month during the school year.

Overall, we are looking for teens who can share, talk, listen and communicate in a team setting. Please complete the attached form and email it to tac@nemours.org to let us know of any teens who may be good candidates for the Teen Advisory Council. Feel free to reach out with any questions: tac@nemours.org.

Sincerely,

The Teen Advisory Council Leaders



Nomination for Teen Advisory Committee

PLEASE NOTE: We have a limited number of seats on the Council. Because of this, not all teens will be contacted. Please do not discuss your nomination with the family — we will cover everything when we speak with them.

Patient Name:

Patient Date of Birth:

Parent/Guardian Name:

Phone Number:

Address:

Email Address:

Comments:

Nominator's Name:

Nominator's Signature/Date: