**FAMILY INTEGRATED CARE & NICU PARENT VOLUNTEER INFORMATION FORM:**

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| --- | --- |
| NAME:  CELL:  (OPTIONAL)  DATE ADMITTED :  GESTATIONAL AGE(S )AT BIRTH:  ANTENATAL HOSPITALIZATION: YES /NO  LANGUAGES SPOKEN: | EMAIL:  OTHER PHONE:  DATE DISCHARGED:  TRANSFERRED : YES/NO  HOW MANY CHILDREN DO YOU HAVE: |

HOW COMFORTABLE ARE YOU WITH THE FOLLOWING:

(PLEASE CIRCLE ONE: 1=NOT AT ALL/5=EXTREMELY)

PUBLIC SPEAKING : 1 2 3 4 5

PRESENTING WORKSHOPS; 1 2 3 4 5

ONE ON ONE OR SMALL GROUP BEDSIDE VISITS: 1 2 3 4 5

SPEAKING TO OTHER PARENTS ABOUT YOUR EXPERIENCE: 1 2 3 4 5

SPEAKING TO NICU STAFF ABOUT YOUR EXPERIENCE: 1 2 3 4 5

PARTICIPATING IN TUESDAY NIGHT PARENT SOCIAL GROUPS: 1 2 3 4 5

PARTICIPATING OR SPEAKING AT BREASTFEEDING WORKSHOPS: 1 2 3 4 5

TRAINING & TRAVEL:

ARE YOU WILLING TO ATTEND TLC AND/OR VOLUNTEER TRAINING WORKSHOPS :YES/NO

APPROXIMATELY HOW FAR DO YOU LIVE FROM THIS HOSPITAL:

ARE YOU WILLING TO TRAVEL: YES/ NO

TIME COMMITMENT:

I AM AVAILABLE & CAN COMMIT TO: (CIRCLE APPLICABLE )

WEEKLY EVERY TWO WEEKS MONTHLY AS NEEDED

CALL ME OCCASIONALLY ONLY PROJECTS FROM HOME

TLC STEERING COMMITTEE MEETINGS ONLY: ( EVERY TWO WEEKS WEDNEDAYS 10-12 )

SPECIAL SKILLS & TRAINING: (IE COMPUTER, WRITING, PRESENTING, SEAMSTRESS/KNITTING, GRAPHIC DESIGN, CULINARY, ARTS & CRAFTS, PAINTING, MUSIC, ETC)

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NETWORKING INFO :

I AM INVOLOVED WITH THE FOLLOWING , THAT MIGHT BE USEFUL FOR FUTURE FAMILY INTEGRATED CARE & NICU IMPROVMENT PROJECTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER INFORMATION OR THOUGHTS YOU WANT TO SHARE:

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I GIVE CONSENT TO USE THE ABOVE INFORMATION IN THE PARENT VOLUNTEEER DATA BASE: YES/ NO