



Sickle Cell Disease Hospital Patient Advisory Board Application Form

November 1, 2020

Cayenne Wellness Center released a request for applications for the **Sickle Cell Disease Hospital Patient Advisory Board**. Since the year 2000, Cayenne Wellness Center has collaborated with hospitals throughout California to improve care and follow evidenced-based guidelines for the management and treatment of sickle cell disease. Cayenne Wellness Center seeks adult patients diagnosed with sickle cell disease to have a seat at the table - to become a hospital advisory board member at a California hospital. Apply before November 30, 2020 at 11:59 pm PST to be considered.

Eligibility

Cayenne Wellness Center seeks to select twelve (12) patients diagnosed with sickle cell disease throughout California as a Hospital Patient Advisory Board member at a major hospital. The applicant must be:

1. Over 21 years of age and diagnosed with sickle cell disease, any phenotype (SS, SC, Beta Thalassemia, etc).
2. Must be a high school graduate.
3. Must have a reliable car, a valid driver's license and current auto insurance.
4. Must live within 25 miles of the hospital you desire to be a Patient Hospital Advisory Board member.
5. Must be able to commit at least 5 -7 hours a month for one year.

Training and Development

1. Selected applicants must be available to participate in monthly training and development meetings, hospital board meetings, and one-on-one meetings with the project manager.
2. Selected applicants are required to attend the following monthly meetings: training and development meeting with the project manager, project lead, and all applicants (2 hours); hospital board meetings at the hospital you will be assigned to (approximately 2 hours); and one-on-one meeting with your project manager (1 hour).
3. Selected applicants will be required to present board meeting updates during the monthly training and development meetings.

Hospitals in California

We will be selecting applicants that reside in the following areas: San Diego, Loma Linda, San Bernardino, Los Angeles, Fresno, and Sacramento. Additional cities and hospitals will be added at a later time.

San Diego - two applicants for the following hospitals: Scripps Health (1) and UC San Diego Health (1)

Loma Linda - one applicant for the following hospital: Loma Linda Medical Center (1)

San Bernardino - one applicant for the following hospital: Community Hospital of San Bernardino (1)

Los Angeles - three applicants for the following hospitals: Cedar Sinai (1),
Ronald Reagan UCLA Medical Center (1), and Huntington Hospital (1)

Fresno - two applicants for the following hospitals: St. Agnes Medical Center (1) and
Community Regional Hospital (1)

Sacramento - one applicant for the following hospital: UC Davis Medical Center (1) and Sutter Medical Center (1)

Oakland - one applicant for the following hospital: UCSF Benioff (1)

Selection Criteria

Applicants will be notified as to whether they have been selected into the program or not no later than December 31, 2020. Applicants selected will receive a welcome packet in January, 2021. The packet will include: a letter from the project lead and project manager; a form to fill out to take a professional photograph with a photographer and to submit a bio (no more than 50 words); a W9 to fill out; and a sample invoice. The program is scheduled to begin February, 2021. Eleven (11) applicants will be selected for the year. Applicants will be paid for their time and provided a tablet. Technical assistance will be provided on how to submit a monthly invoice and on how to fill out a W9 form.

Deadline

The due date for applications is November 30, 2020 at 11:59 pm (PST). Applications submitted after this deadline will not be considered. Each completed application should be sent to: *Program Manager at info@cayennewellness.org* with two attachments titled: Cover Letter and Letter of Support/Letter of Reference and a four-minute video explaining why you should be selected.

Cover Letter: The Cover Letter should include the date, your name and full address, subject line (i.e., Patient Hospital Advisory Board _Name of Hospital that you're interested being on the board. The body should include: a) who you are, b) where you reside, c) what sickle cell organizations have you worked with or volunteered for (if any), and why you should be selected. Make sure you sign your letter. No more than one page please.

Example:

November 15, 2020

*Lucy Perez
1120 S. First Street
San Diego, CA 98711*

Re: Patient Hospital Advisory Board _UC San Diego Health

Letter of Reference/Letter of Support: Please provide one letter of reference or support from either the sickle cell organization that you may have volunteered with, or, from your employer, or, from your doctor (preferably your hematologist). Have the person speak on characteristics such as reliability, dependability and on how well you know about sickle cell disease; if a doctor, how well you manage your sickle cell disease.

Example:

November 13, 2020

*Program Manager
CAYENNE WELLNESS CENTER
PO Box 3856
Glendale, CA 91221*

RE: Letter of Support for Lucy Perez

Video Presentation: Please start with you full name, type of sickle cell disease and what city you reside in. Tell us why you should be selected. Lastly, this video is to include a short sequence where you pretend to speak to Board members at the hospital. It is the beginning of the meeting and they are doing introductions. It is now your turn. Explain what sickle cell disease is and why sickle cell disease should have a seat at the table. We're looking for well-spoken, confident patients educated on sickle cell disease to represent Cayenne Wellness Center at a seat at the table - in the Board room. Remember, you only have four (4) minutes.

Application

Your Name: _____

Date of Birth: _____

Your Home Phone Number: _____ Cell number: _____

Your address: _____

Region (Please circle): San Diego Loma Linda San Bernardino Los Angeles Fresno Sacramento

Your email address (please write legibly):

Briefly describe why you would like to become a Hospital Patient Advisory Board Member at a major hospital:

Please list your previous or current volunteer positions. Name the organization and what role(s) you served:

1. _____

2. _____

3. _____

4. _____

Which skills would you like to learn? Check those that apply:

☐ Public speaking

☐ Community Networking

☐ SC Education and Awareness

☐ Robert Rules of Order

☐ Fundraising

☐ Evaluation

☐ Volunteer management

What would you like to get for yourself out of your participation as a Hospital Patient Advisory Board Member at a major hospital (e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.)?

If you are selected to become as a Hospital Patient Advisory Board Member at a major hospital, you agree that you can provide at least 6 hours a month in attendance to: a) the monthly training and and development meetings held virtually at Cayenne Wellness Center, b) attend monthly or quarterly Hospital Board and Committee meetings, and c) attend the one-on-one meetings with your project manager. Second, you agree that you do not have any conflict-of-interest in participating as a Hospital Patient Advisory Board Member at a major hospital.

Your signature: _____

Date: _____

If you are not selected as a Hospital Patient Advisory Board Member at a major hospital, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

☐ Yes

☐ No

☐ Perhaps