

Interested? Please fill out this form – or just call us!
Qualis Health Patient & Family Advisor Interest Form

(Please print)

Your name: _____ Today's date: _____

Address: _____

Phone: _____ Email: _____

What is the best method and time to contact you? _____

Why are you interested in this volunteer opportunity? _____

Return the completed form to our volunteer coordinator:



Paula Parsons
Email: paulap@qualishealth.org
Phone: (206) 288-2470
Fax: (206) 366-3370

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Learn more about Qualis Health's Medicare-related work at www.Medicare.QualisHealth.org

