



Mental Health Advisory Council (PAC) Application Form NORTH DAKOTA PROTECTION AND ADVOCACY PROJECT

This application should be completed by individuals interested in serving on the PAC, an advisory council for Protection & Advocacy's mental health program. The PAC addresses a variety of issues related to mental health.

Applicant Information

Name			
Address		City	State ZIP Code
Phone Number	Email Address		

I am interested and eligible to serve in the following roles on the PAC

* Check all that apply

- ☐ A present or past recipient of mental health services
- ☐ A family member of an individual who has or is receiving mental health services
- ☐ A family member who is a primary caregiver for a minor child or youth who has or is receiving mental health services
- ☐ A mental health professional
- ☐ A provider of mental health services
- ☐ An attorney
- ☐ An individual knowledgeable about mental health

Why do you want to serve on the PAC?

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What relevant education, volunteer, work, or personal experiences would you bring to the PAC?

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Explain any accommodations you may need to participate on the PAC.

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References

Reference 1: Name			
Address		City	State ZIP Code
Phone Number	Email Address		

Reference 2: Name			
Address		City	State ZIP Code
Phone Number	Email Address		

Reference 3: Name			
Address		City	State ZIP Code
Phone Number	Email Address		

I acknowledge that I am submitting this application to be considered to serve on the Mental Health Advisory Council for the ND Protection & Advocacy Project.

☐ Applicant Acknowledges