



## Mental Health Advisory Council (PAC) Application Form

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	
Email	
Phone <i>home/work/cell</i>	
Mailing Address <i>include city, state &amp; zip</i>	

### I am interested and eligible to serve on the PAC in the role(s) of:

*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 is receiving or has received 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?**

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

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

**References**

*List three references who could verify your eligibility and ability to serve on this Council.*

	Name	Email	Phone
#1			
#2			
#3			

If selected to serve on the PAC, I will commit myself to active participation and I will promote the human, civil, and legal rights of individuals with mental illness.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date