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  
*home/work/cell* |  
| Mailing Address  
*include city, state & zip* |

**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.

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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