



**StarCare Specialty Health System
Planning & Network Advisory Committee (PNAC)
Volunteer Application**

Name: (Please print or type) _____

Address: _____ City: _____ County: _____ Zip: _____

Phone: _____ Email: _____

Are you interested in joining as an individual with experience in mental illness, disabilities, or substance use challenges, a family member, a caregiver, a provider, an interested citizen, or a community stakeholder (such as public agencies, public and private providers and provider associations, local businesses, advocacy organizations, civic organizations, etc.): _____

Organization/Agency/Company (if applicable): _____ Title: _____

Are you or any of your family members receiving services through StarCare? Yes _____ No _____

Please provide two professional references. If you do not have professional references, please provide two personal references.

Name: _____ Company: _____

Title: _____ Email address: _____ Phone number: _____

Name: _____ Company: _____

Title: _____ Email address: _____ Phone number: _____

How did you hear about this PNAC volunteer opportunity? _____

Please explain why your participation on the StarCare Planning and Network Advisory Committee would be beneficial. Include any previous experience that you may have had with behavioral health and intellectual & developmental disabilities; other (special expertise, such as volunteerism, advocacy, a family member of consumer, consumer, etc.)

