



**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.)

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