

**DISABILITY RIGHTS NETWORK OF PENNSYLVANIA (DRN)  
MENTAL HEALTH ADVISORY COUNCIL (MHAC)  
Council Member Application 2011**

Disponible también en español./Available also in Spanish.

MHAC is a volunteer council. Members are expected to attend meetings in Harrisburg 4 times a year.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **Region** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Fax** \_\_\_\_\_

Below are personal questions about you and your family. This information is requested because Federal Law (P.L. 99-319) requires the MHAC to include the following representation. Please check all that apply. Skip any question that is uncomfortable to you.

Family Member of a Person with  
a MH Disability \_\_\_\_\_  
Consumer or former consumer of  
MH Services \_\_\_\_\_  
MH Professional \_\_\_\_\_

Primary Caregiver for a minor receiving MH  
services \_\_\_\_\_  
Attorney with MH experience and/or knowledge  
MH Law \_\_\_\_\_  
MH Provider \_\_\_\_\_

What is your age group? 18 & under \_\_\_\_\_ 35 & under \_\_\_\_\_ 36-59 \_\_\_\_\_ 60 and over \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

**Explain your interest in joining the MHAC.**

---

---

---

---

---

**List your affiliations with advocacy or MH groups past or present.**

---

---

---

---

List your skills and training. You may attach your resume if you wish.

---

---

---

List your current volunteer commitments.

---

---

---

List boards, committees and councils on which you have served in the past.

---

---

---

List your special interests.

---

---

List 2 references.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List acquaintances with DRN staff, Board members or MHAC members:

---

---

Please provide any additional information, which may help assess your application. This information may include a resume, letter or sharing your knowledge and background or involvement in Mental Health issues.

Return your application to:

**Disability Rights Network of PA, MHAC Nominating Committee,**

**1414 N. Cameron St, Suite C, Harrisburg, PA 17103**

**Voice: (717) 236-8110 or (800) 692-7443**

**Fax: (717) 236-0192**

**TTY: (877) 375-7139**