

**PENNSYLVANIA PARENT PANEL ADVISORY COUNCIL  
(PPAC) Application to Serve Three Year Term**



**pennsylvania**  
DEPARTMENT OF DRUG AND  
ALCOHOL PROGRAMS



**Please complete form in its entirety and send to:**

ATTN: PPAC Membership

Pennsylvania Department of Drug and Alcohol  
Programs One Penn Center, 5<sup>th</sup> Floor  
2602 N. 3<sup>rd</sup> Street  
Harrisburg, Pennsylvania 17110

**OR**

Date of Application \_\_\_\_\_

**PART 1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Ms. \_\_\_

Pennsylvania County of Residence \_\_\_\_\_

Home Address

Street \_\_\_\_\_

City \_\_\_\_\_

State Pennsylvania Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Email \_\_\_\_\_

Are you employed by a mental health, substance use disorder treatment, or prevention organization; or the Commonwealth of Pennsylvania\*? Yes \_\_\_ No \_\_\_

If yes, please list employer name, or Commonwealth division below:

\_\_\_\_\_

*\*Please note: No person employed by a state run or affiliated mental health, drug and alcohol treatment or prevention organization can serve on PPAC.*

**PART 2**  
**Questionnaire**

1. Are you the parent or guardian of a child who has been impacted by substance use disorder?

Yes \_\_\_\_ No \_\_\_\_

2. Select the development stage of the child that best describes your experience below:

Adolescent \_\_\_\_ Adult \_\_\_\_

3. Provide a brief description of why are you interested in serving on PPAC?

4. Briefly describe what *did not* go well when seeking to access information / help for your child?

5. Briefly describe what went well when seeking to access information / help for your child?

6. Are you available to commit to attend Council meetings in Harrisburg 3 times annually (approximately once every 4 months) typically beginning at 9am and ending at 3:30pm?

Yes \_\_\_\_ No \_\_\_\_

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7. Do you currently serve on any other forums or committees that address matters relating to substance use disorder in Pennsylvania?

If yes, please indicate forum/committee name and your role in the forum/committee

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8. Please provide any additional information you feel would be helpful to the selection process (continue on additional paper if necessary).

The space below is for any additional room you may need to complete your responses.