

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

Please complete form in its entirety and forward to:

ATTN: PPAC Application
Pennsylvania Department of Drug and Alcohol Programs
One Penn Center, 5th Floor
2602 N. 3rd Street
Harrisburg, Pennsylvania 17110

Date of Application _____

PART 1

First Name _____ Last Name _____

County of Residence _____

Home Address

Street _____

City _____

State Pennsylvania Zip Code _____ - _____

Cell Phone (____) _____ Work Phone (____) _____

Home Phone (____) _____ Fax (____) _____

Primary Email (list only one) _____

Have you previously served on the Pennsylvania Parent Advisory Council? Yes ___ No ___

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

List employer name below:

**Please note: Persons employed by a mental health, substance use treatment, or prevention organization are not eligible to serve on PPAC.*

Proceed to PART 2, Questionnaire

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PART 2

Questionnaire

1. Have you parented or 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 parenting experience relating to question number one above: Adolescent ____ Adult ____
3. Provide a brief explanation of why you are interested in serving on PPAC.
4. Briefly describe barriers you may have encountered 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 able to commit to attending three PPAC meetings in Harrisburg annually (approximately every four months), typically beginning at 9am and ending at 3:30pm?
Yes ____ No ____
Travel expenses are reimbursed in accordance with Commonwealth Travel Policies (Management Directive 230.1)
7. Do you currently serve on any other forums or committees that address matters relating to substance use disorder in Pennsylvania or elsewhere? Yes ____ No ____
If yes, please list the forum/committee name(s) and your role in the forum/committee(s).
8. Please provide additional information you feel would be helpful to the selection process, continuing on additional paper if necessary.