

Central Counties Services Volunteer Application – Planning & Network Advisory Committee (PNAC)

Thank you for your interest in volunteering with the Central Counties Services (Center) PNAC.

The follow-ing information will assist the Board of Trustees in selecting those individuals for PNAC membership who best represent the interests of the community that we serve.

Name: (Please Print)				
Address:				
City:	County:	_	Zip:	
Phone:	Email: _			
Are you or any of your fair	mily members receiving	services through	Central Counties Service	ces?
Have you ever been conviregistry? Yes Have you lived outside Te	No			onduct
How did you hear about t	his PNAC volunteer opp	oortunity?		
PNAC member	Service ProviderW	/ebsite		
(Specify)			
Other (Specify)				
What motivates you to vo	olunteer?			
Do you speak another lan	guage other than English	?		

	ay of the week would be convenient for you to meet with the PNAC?
8 a.m. – 10 a.m 11 a.m. – 1 p.m	
12 p.m. – 2 p.m	
3 p.m. – 5 p.m	
5 p.m. – 7 p.m	
Monday	_TuesdayWednesdayThursdayFriday
Please check a	reas of special interest:
☐ Child Behav	vioral Health & Family Services
☐ Intellectual	& Developmental Disabilities Services
☐ Adult Behav	vioral Health Services
Signature	Date
had with Behav	ee would be beneficial. Include any previous experience that you may have vioral Health, and Intellectual & Developmental Disabilities; other (special as volunteerism, advocacy, family member of consumer, consumer, etc.)