



**BRAIN INJURY ADVISORY COUNCIL**  
**APPLICATION FOR MEMBERSHIP**



**The mission of the Brain Injury Advisory Council (BIAC) is to engage, integrate and inspire brain injury stakeholders to help achieve the Statewide Vision for Brain Injury Policies and Services.**

Members are appointed to the BIAC by the Nebraska VR Director and the Commissioner of Education for a term of three years.

Individuals are required to disclose all employment and organizational affiliations as part of the application process.

Nebraska VR and the Brain Injury Advisory Council support the full and meaningful participation of individuals with brain injury and other disabilities. Requests for accommodations should be directed to Keri Bennett, Nebraska VR, (308) 865-5012 or at [keri.bennett@nebraska.gov](mailto:keri.bennett@nebraska.gov).

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**I. PERSONAL INFORMATION:**

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First Name  MI  Last Name

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Street/Mailing Address

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City  State  Zip Code  County

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Home Phone #  Cell Phone #

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Email Address

**II. ARE YOU:**

An Individual who experiences a brain injury? Yes  No

A family member of an individual who experiences a brain injury? Yes  No

**III. YOUR INTEREST IN APPOINTMENT:** Describe in detail why you are interested in serving on the BIAC. Include especially information about your background and experiences or elements of your personal history relating to brain injury that supports your interest and qualifies you for appointment. (You may complete this section on a separate sheet of paper.)

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**IV. YOUR EMPLOYMENT/ORGANIZATIONAL AFFILIATIONS:**  
(especially relating to brain injury) (attach a separate sheet of paper if needed)

Current employment (Employer/Organization, City & State, Phone #, Title/Position)  
(A current resume may be submitted):

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Current association memberships, appointments to boards and commissions, and offices you hold:

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Volunteer activities:

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Higher education achieved:

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Professional licenses held:

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**V. REFERENCES:** List three persons who have known you well within the past five (5) years. Include a current telephone number and your relationship to the individual:

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First and Last Name	Telephone #	Relationship
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First and Last Name	Telephone #	Relationship
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First and Last Name	Telephone #	Relationship
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**VI. DIVERSITY INFORMATION:** The BIAC wishes to reflect the diversity of the population of the state with regard to race, ethnicity, gender, and disability characteristics. (Optional)

Gender \_\_\_\_\_ Racial/Ethnic background: \_\_\_\_\_

Veteran: Yes \_\_\_ No \_\_\_ Person with a Disability: Yes \_\_\_ No \_\_\_

Other information you wish to share: \_\_\_\_\_

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**VII. MEMBERSHIP RESPONSIBILITIES:**

I acknowledge that I have read and understand the BIAC member responsibilities as outlined in the [BIAC Operating Procedures](#).

- Be a representative for Nebraskans with BI and represent their interests.
- Be actively involved in Council initiatives and activities.
- Adhere to the Conflict/Duality of Interest Policy as stated in Article IV of the BIAC Operating Procedures Manual.
- Maintain a broad view of and the willingness to learn about BI and the service options needed by and available to individuals with BI and their families.
- Gather concerns from and report back to organizations or constituencies (liaison role).
- Be willing to gather and share information with consumer organizations, agencies and others.
- Be willing and able to attend at least four in-person Council meetings during the year and serve on sub-committees when requested.

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**Signature**

**Printed Name**

**Date**

Please complete the entire form and return via email to:

[keri.bennett@nebraska.gov](mailto:keri.bennett@nebraska.gov)

Or by mail:

Nebraska Brain Injury Advisory Council  
Attn: Keri Bennett  
Program Director for Acquired Brain Injury  
Nebraska VR  
315 W 60th Street, Ste 400  
Kearney, NE 68845-1504

***For Council Use Only:***

Applicant was interviewed on \_\_\_\_\_

Applicant has attended a Council meeting on \_\_\_\_\_

Action taken by the Council: \_\_\_\_\_