



Application for Membership

Name		Email
Address		City/Zip Code
Home Phone	Cell Phone	Work Phone
<p>Qualifications, check all that apply:</p> <p>Individual who experiences a brain injury</p> <p>Family member of an individual who experiences a brain injury</p> <p>Provider for a public or private health related organization</p> <p>Member of a disability advisory or planning group</p> <p>Service provider serving individuals with brain injury</p>		
<p>Why are you interested in being a member of Brain Injury Advisory Council?</p>		
<p>Describe your personal and/or professional experience related to brain injury.</p>		

Optional: Describe past memberships on boards, committees, councils, or volunteer experiences, honors, awards, etc.

References (up to 3) who may be contacted, optional for individuals with a brain injury or family member.

Name	Phone	Email

Responsibilities

Meetings are typically held on Fridays in Lincoln from approximately 10 a.m.-3 p.m. Expenses to attend meetings (round trip mileage, meals, and overnight lodging) may be reimbursed depending on your location.

Are you willing to gather and share information with consumer organizations, agencies, and others? Yes No	Are you willing and able to attend at least four council meetings during the year and serve on committees and task forces when requested? Yes No
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Signature

Date

Submit application to Keri Bennett, Nebraska VR. 315 W. 60th Street, Suite 400, Kearney, NE 68845
(308) 865-5012 keri.bennett@nebraska.gov
Fax (308) 865-5348.