

Your Interest in Appointment:

Describe in detail why you are interested in serving on the BIAC. Please include information about your background, experiences, and any personal history related to brain injury that demonstrates your interest in and qualifications for the appointment. Attach additional pages if needed.

Your Employment and Organizational Affiliations:

Please provide your current employer or organization name, city and state, phone number, and your title or position. You may submit a current resume instead. Attach additional pages if needed.

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

Volunteer activities:

Higher education achieved:

Professional licenses held:

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:

_____	_____	_____
First and Last Name	Phone Number	Relationship
_____	_____	_____
First and Last Name	Phone Number	Relationship
_____	_____	_____
First and Last Name	Phone Number	Relationship

Representation:

The BIAC strives to reflect the diverse experiences of Nebraskans with regard to race, ethnicity, gender, and disability. This section is optional.

Gender _____ Racial/Ethnic background: _____

Veteran: Yes No Person with a Disability: Yes No

Other information you wish to share:

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 brain injury 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 brain injury and the service options needed by and available to individuals with brain injury 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.

Applicant's Signature

Date

Please check here to give your permission for us to share your name, role on the Council, and home town on the Brain Injury Advisory Council website and other materials if you are appointed as a member of the Council.

NE Brain Injury Advisory Council (BIAC) Mentor Program:

The BIAC is invested in ensuring each member has the opportunity to be fully engaged in Council activities. We know that joining a council like the BIAC can be a bit daunting, especially when you do not know other members and are new to the work of the Council. Therefore, we developed the BIAC Mentor Program. The intent of this program is to match you, as a new Council member, with a more experienced member so that you have a mentor to help orient you to the work of the Council and answer any questions you might have.

Are you interested in being matched with a mentor in the BIAC Mentor Program?
Please note that marking yes does not commit you to the program. If you mark yes, we will follow up with you to provide more information.

Yes No

Please complete the entire form and return via email to:

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.

May 2026

For Council Use Only:

Applicant was interviewed on:

Applicant has attended a Council meeting on:

Action taken by the Council:
