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) 224-7571 or keri.bennett@nebraska.gov.

Personal Information:

First Name _____ MI _____ Last Name _____

Street/Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Cell Phone _____

Email Address _____

Are You:

An Individual who experiences a brain injury? Yes ☐ No ☐

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

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:

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