Application for Membership Nebraska Brain Injury Advisory Council

Name		E-Mai	1	
Address	(Street)	(0	City)	(Zip)
Phone _	,			(-
A	rea Code/Home or Cell	Area Code/Work Phone	Area Code/Fax	
Qualifica	ation(s):			
	_ Individual who experience	ces a brain injury		
	_ Family member of an inc	dividual who experiences a brain in	ijury	
	Provider for a public or p	private health related organization		
	_ Member of a disability a	dvisory or planning group		
	_ Service provider for indi	viduals with brain injury		
Please in	ndicate why you are interested	ed in being a member of this Counc	vil.	
Please in			il.	

Please describe your personal and/or professional experience related to brain injury.

1. Name	Phone	
Address		
(Street)	(City) Phone	(Zip)
Address		
(Street) 3. Name	(City) Phone	(Zip)
	(City)	(Zip)
Responsibilities: Are you willing to gather and share	e information with consumer organizations, agencies, a	nd other organizations
Responsibilities: Are you willing to gather and share Yes No Are you willing and able to attend forces as requested?	e information with consumer organizations, agencies, a at least four Council meetings during the year and serv	-
Responsibilities: Are you willing to gather and share Yes No Are you willing and able to attend forces as requested? Yes No Meetings are typically held on Frice		e on committees or tas
Responsibilities: Are you willing to gather and share Yes No Are you willing and able to attend forces as requested? Yes No Meetings are typically held on Frice	at least four Council meetings during the year and servel days in Lincoln from approximately 10:00 a.m 3:00 p	e on committees or tas
Responsibilities: Are you willing to gather and share Yes No Are you willing and able to attend forces as requested? Yes No Meetings are typically held on Frice	at least four Council meetings during the year and servel days in Lincoln from approximately 10:00 a.m 3:00 p	e on committees or tas

Please list additional information (optional) about past membership on other boards, committees or councils,

volunteer experiences or honors/awards you have received.

Return application to:

Keri Bennett
Nebraska VR
315 W. 60th Street, Suite 400, Kearney, NE 68845
Fax 308/865-5348
For questions call Keri 308/865.5012 or e-mail keri.bennett@nebraska.gov