

**Nebraska Commission for the Deaf and Hard of Hearing  
Mental Health Advisory Committee Application**



Your Name: \_\_\_\_\_

Please List any other Boards or Committee's which you are currently serving on or previously have served on:

\_\_\_\_\_

\_\_\_\_\_

Legal Residence (house #, street name): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Are you a United States Citizen?  Yes  No

Congressional District:  1  2  3

Name of Your State Senator: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

Are there currently or has there ever been any disciplinary actions, suspensions or revocations of any licenses that you have been issued by any agency of federal, state, or local government?

Yes

No

If yes, please explain: \_\_\_\_\_

Could you or any member of your family be affected financially by decisions to be made by the board or commission for which you have applied?  Yes  No

**Education – Schools Attended** (including high school)

School / Location	Dates	Major / Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly explain why you would want to serve on this Board: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References** – List names, addresses, and phone numbers of at least three people who may be contacted for references

Name	Phone Number	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If you have recently prepared a biography or resume, you may attach that your application.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**Mail this application and any other correspondence to:**

Nebraska Commission for the Deaf and Hard of Hearing  
Attn: Sharon Price, Behavioral Health Coordinator  
4600 Valley Rd Ste 420  
Lincoln NE 68510