

**Nebraska Commission for the Deaf and Hard of Hearing
Telecommunication Relay Services (TRS) 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
(NCDHH) Attn: Kelsey Cruz
4600 Valley Rd Ste 420
Lincoln NE 68510

(402) 471-3593 / 800-545-6244
kelsey.cruz@nebraska.gov