

Nebraska Commission for the Deaf and Hard of Hearing
Interpreter Review Board Member 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: Gina Petersen
1313 Farnam St. Suite 304
Omaha, NE 68102

Office: (402) 471-3593
Cell: (402) 659-2289
gina.petersen@nebraska.gov