Interpreter Review Board Member Application

Thank you for your interest in serving on the Interpreter Review Board (IRB) for the Nebraska Commission for the Deaf and Hard of Hearing. The IRB was established in 2002 to support communication access across Nebraska by developing guidelines and regulations for the licensing of sign language interpreters.

The Board brings together Deaf and Hard of Hearing community members, licensed interpreters and local government representatives to provide guidance and oversight related to interpreter licensure standards.

The following application offers us an opportunity to get to know more about you, your experience, your skills, and the perspective you would bring to the Board. We look forward to reviewing your application.

Your Name:

Address:

City: State: Zip Code: County:

Home Phone/VP: Cell Phone: Other:

Email Address:

Do you identify as:

- ☐ Deaf
- ☐ Hard of Hearing
- ☐ DeafBlind
- ☐ DeafPlus
- ☐ Hearing
- ☐ Other:

Occupation (if applicable):

Business Name (if applicable):

Business Address:

City: State: Zip Code:

Business Phone Number: Business Email:

Please list any volunteer experience and any Boards or Committee's which you are currently serving or previously served on:

Organization	Role/Title	Dates of Service

Education – Schools Attended (including high school)

School/ Location	Dates Attended	Major/ Degree

Please list any Nebraska certificates or licenses that you currently hold (and expiration dates):

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:

Have you ever been convicted of a felony or misdemeanor?

- [ ] Yes
- [ ] No

If yes, please explain:

Could you or any member of your family be affected financially by decisions made by the board or commission for which you have applied?

- [ ] Yes
- [ ] No

If yes, please explain:

What is Your Congressional District?

- [ ] District 1
- [ ] District 2
- [ ] District 3

Name your State Senator:

Why do you want to be a part of the Interpreter Review Board (IRB) and what skills can you bring to the IRB?

Please provide at least 3 professional or personal references:

Name	Relation to Applicant	Phone Number	Email Address

Applicant Signature: Date Submitted:

Please attach your resume/CV (Curriculum Vitae) and submit your completed application to the Nebraska Commission for the Deaf and Hard of Hearing (NCDHH) by email or mail.

Email: *Send your application materials to* ***NCDHH@nebraska.gov***
Please use the following subject line: ***"Attn: Cindy Woldt – Interpreter Review Board Application"***

Mail: *Send your application and any other correspondence to:*
Nebraska Commission for the Deaf and Hard of Hearing (NCDHH)
Attn: Cindy Woldt
4600 Valley Road, Suite 420, Lincoln, NE 68510

For Internal Review Only

Forms received and completed (date): _____ Interview completed (date): _____

Submitted to the Board for Approval (date): _____ Board approval (date): _____

Board not approved (date): _____ Additional Information: _____