



Mental Health Advisory Committee Application

Thank you for your interest in serving on the Mental Health Advisory Committee for the Nebraska Commission for the Deaf and Hard of Hearing. This committee was established by the Nebraska Unicameral in 1995 along with the position of the Mental Health Specialist (currently known as the Behavioral Health Coordinator) to work to ensure accessibility for those of the Deaf and Hard of Hearing community seeking access to services including mental health (such as therapy), addiction treatment for drug and alcohol use and residential treatment centers.

The following application offers us an opportunity to get to know more about you, your skills, interests and attributes that you would bring to our committee. We look forward to reviewing your application.

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone/VP: _____ Cell Phone: _____ Other: _____

Email Address: _____

Are you fluent in another language (other than English)?

- ☐ Yes
☐ No

If yes, please list languages: _____

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):

Have you ever been convicted of a felony or misdemeanor or had a professional license suspended or revoked?

- ☐ Yes
☐ No

If yes, please explain:

What is Your Congressional District?

- ☐ District 1
☐ District 2
☐ District 3

Name your State Senator: _____

Please describe your life experiences, including work, volunteering and any other activities that you have been involved in, related to the Deaf and Hard of Hearing and hearing loss:

Why do you want to be a part of the Mental Health Advisory Committee and what skills can you bring to the committee?

Anything else you would like us to know about you?

The Mental Health Advisory Committee currently meets quarterly each year, and dates are set by the beginning of each year. Meetings are held primarily in person and alternate between Omaha and Lincoln. Terms are for 3 years. Please review the Mental Health Advisory Committee By-Laws on our website for more information.

Please provide at least 3 professional or personal references:

Name	Relation to Applicant	Phone Number	Email Address

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Applicant Signature: _____ Date Submitted: _____

Please attach your resume, bio and CV (Curriculum Vitae) and email your application to the Nebraska Commission for the Deaf and Hard of Hearing at NCDHH@nebraska.gov

Please use the following subject line, "Attn: Behavioral Health Coordinator"

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: _____