



## Mental Health Advisory Committee Application

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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.

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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: \_\_\_\_\_

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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


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

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

- Yes
- No

If yes, please explain:

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What is Your Congressional District?

- District 1
- District 2
- District 3

Name your State Senator: \_\_\_\_\_

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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?

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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](mailto:NCDHH@nebraska.gov)*

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

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**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: \_\_\_\_\_