

Disability Rights Nebraska

Protection and Advocacy for People with Disabilities

ADVISORY COUNCIL

MEMBER APPLICATION

1. PERSONAL INFORMATION

name:			
home phone:			
email address:			
home address:			
city:	state:	zip:	
work phone:			
work address:			
city:	state:	zip:	

2. Are you currently an elected or appointed official, employee, or paid consultant of any governmental branch, agency, or unit?

yes

no

If YES, please state the position you hold and the name of the governmental branch, agency, or unit:

3. Are you currently an elected or appointed official/director, employee, or paid consultant of any corporation, association, organization, private practice, or group which delivers services to people labelled as having a mental illness?

yes

no

If YES, please state the name of the organization, the type of services you provide and the length of time you have been in that position:

4. Are you currently a member of any voluntary organization(s) which has as a primary concern the well-being of persons labelled as having a mental illness?

yes

no

If YES, please state the name of the organization(s), purpose of the organization, length of time you have been a member, and any leadership roles you have held:

5. Are you now, or have you ever been a recipient of services for people labelled as having a mental illness?

yes

no

If YES, please describe the situation in which you received such services:

6. Are you a parent, family member, or guardian of a person who has a mental illness?

yes

no

If YES, please state the nature of the relationship, the age(s) of the child, family member, or ward, and whether he/she resides in an institutional setting.

7. Please check any of the following areas in which you believe you have education, skills, or experience:

**accounting
business**

**education
fundraising**

**law
lobbying**

**personnel
non-profit management**

For those items you have checked, please indicate the number of years, and describe the nature of your experience:

8. What unique qualities, experiences, or characteristics do you think best demonstrate your capacity to be a member of the PAIMI Advisory Council and to advise Disability Rights Nebraska as to its role and responsibility to serve as an advocate for the rights and interests of people who have a mental illness?

signature _____ **date** _____

Please submit completed form to info@disabilityrightsnebraska.org