



# Nebraska State Rehabilitation Council

"A consumer controlled council committed to ensuring quality rehabilitation services"

## Membership Application

### 1. Personal Information:

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. City/Zip: \_\_\_\_\_
- d. Phone: \_\_\_\_\_ Home/Work
- e. E-mail address: \_\_\_\_\_
- f. Fax number: \_\_\_\_\_

### 2. Qualification(s) please select all that apply:

- An individual with a disability
- A member of the State Independent Living Council
- A representative of a parent training and information center
- A representative of the client assistance program
- A vocational rehabilitation counselor
- A representative of community rehabilitation program service providers
- A representative of business, industry, or labor
  - Specify:
- A representative of a disability advocacy group
  - Specify:
- A representative of the State Workforce Investment Board
- A representative of the State Department of Education, Special Education Division
- A current or former applicant for, or recipient of, vocational rehabilitation services
- A representative from an organization or group not described above
  - Specify:

Why are you interested in being a member of this Council?

In general, please describe your past or current involvement with individuals who have disabilities.

Any current or past involvement with Vocational Rehabilitation?

Are you working with an organization that is concerned with a specific disability area?

### 3. Responsibilities:

Please indicate your willingness to take on these responsibilities:

- a. Attend all quarterly meetings (approximately one every three months, 2 virtual and 2 in-person meetings in Lincoln, typically on the first Tuesdays from 10:00 AM to 2:00 PM CT)

\_\_\_\_\_ YES \_\_\_\_\_ NO

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**Please return application to:**

**Nebraska State Rehabilitation Council**

Nebraska Department of Education  
500 South 84th, 2nd Floor (physical address)  
Lincoln, NE 68510-2611  
PO Box 94987 (mailing address)  
Lincoln, NE 68509  
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