



215 Centennial Mall South, Suite 210  
Lincoln, NE 68508  
402-438-7979 Voice  
855-427-1554  
[kathy@nesilc.org](mailto:kathy@nesilc.org)

## NESILC Council Member Application Form

*Answer all questions and return to office with a copy of your resume.*

Name:

Address:

City:

State:

Zip:

Telephone:

Email:

The legislation authorizing creation of this Council directs that the membership reflect the diversity of the population of the state with regard to race, ethnicity, gender and disability characteristics. To assist our Executive Committee and the Governors Designee in making selections, please provide the following information, and check the categories which you represent.

Gender:      Female \_\_\_\_\_      Male \_\_\_\_\_

Racial/Ethnic background: \_\_\_\_\_

Disability: \_\_\_\_\_

- In the space provided below, indicate why you are interested in serving on the council.
  
- In the space provided below, what previous experience, areas of interest or skill areas do you have that would make you an asset to our various committees?
  
- In the space provided below, what affiliations do you have with other national, statewide, and regional groups, especially related to people with disabilities?
  
- Please provide two references below (at least one professional).
  - 1.
  - 2.
  - 3.

**REMEMBER TO ATTACH A COPY OF YOUR RESUME**