

VIRGINIA BRAIN INJURY COUNCIL

MEMBERSHIP APPLICATION

BACKGROUND:

Thank you for your interest in joining the Virginia Brain Injury Council!

The Council consists of individuals living with brain injury, family members supporting individuals living with brain injury, and professionals and stakeholders from across the Commonwealth of Virginia. The Council identifies priorities, makes recommendations on newly allocated funds for brain injury services, and advises the Virginia Department for Aging and Rehabilitative Services (DARS) on matters related to a federal brain injury grant.

For more information on the Council, please review the Recruitment Flyer or the Council's webpage at <https://www.dars.virginia.gov/vbic.htm#gsc.tab=0>.

INSTRUCTIONS:

Please print or type your application.

You may attach additional pages as needed.

If you wish to have assistance completing the application or if have any questions about the Council, please contact Donna Cantrell: by phone (804) 662-7069; by email (VBIC@dars.virginia.gov); by mail (8004 Franklin Farms Drive, Henrico, VA 23229).

Completed applications should be submitted by mail or email at the addresses listed above.

Records of the Virginia Brain Injury Council are subject to the Virginia Freedom of Information Act (FOIA). Your application is considered a public record, and the information you provide on your application to the Council may be subject to disclosure, if requested.

Part 1: Tell Us About You

Your Name: Click or tap here to enter text.

Your Home Address: Click or tap here to enter text.

Your City: Click or tap here to enter text.

You Zip Code: Click or tap here to enter text.

Your Phone Number: Click or tap here to enter text.

Your Email: Click or tap here to enter text.

A DARS staff member or a Council member may contact you to discuss the Council and your application. How would you prefer to be contacted? Click or tap here to enter text.

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Part 2: Share Your Interest

Question 1: Are you a/an:

Please select all that apply to you.

- ☐ Individual living with brain injury
- ☐ Family Member or caregiver of someone living with a brain injury
- ☐ Representative of a public or non-profit healthcare organization

Question 2: Briefly describe your journey with or connection to brain injury.

Click or tap here to enter text.

Question 3: Why do you want to serve as a member of the Virginia Brain Injury Council?

Click or tap here to enter text.

Question 4: What experience do you have with boards, councils or workgroups?

Click or tap here to enter text.

Question 5: What contribution do you see yourself making to the Council?

Click or tap here to enter text.

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Part 3: Add Optional Demographic Information

This section is optional.

Age: _____ or ☐ Prefer not to answer

Gender:

- | | | |
|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other | |

Race and/or Ethnicity:

As needed or preferred, please select all options that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Prefer not to answer |

Veteran Status:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|---|

Part 4: Sign the Application

Your Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.