



Nebraska Children's Commission
1225 L Street, Suite 401
Lincoln, NE 68508

Bridge to Independence Advisory Committee Application Form

Attached you will find the membership application for the Bridge to Independence Advisory Committee of the Nebraska Children's Commission. The charge of the Committee is to make recommendations to the Department of Health and Human Services (DHHS) and Commission regarding the Bridge to Independence Program, extended guardianship assistance, and extended adoption assistance. Committee members will be appointed for two year terms.

If you would like to be considered for this committee, please complete the attached 2-page form. The completed form should be returned to Amanda Felton at the Nebraska Children's Commission at amanda.felton@nebraska.gov or mailed to:

Nebraska Children's Commission
Attn: Amanda Felton
1225 L Street, Suite 401
Lincoln, NE 68508

**Nebraska Children's Commission
Bridge to Independence Advisory Committee**

Name:			
Address:			
	City:	State:	Zip:
Home Phone:		Business Phone:	
Cell Phone:		Business Fax:	
E-mail Address:			
Gender:		Race:	
Current Occupation and Employer:			
Employment History:			
Education:			
Other Committees or Boards:			
References (Name/Address/Phone):		1.	
		2.	
Are you willing to Chair or Co-Chair a subcommittee or workgroup of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to willing to provide legislative testimony on behalf of this Committee if requesteds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to contribute work to short term projects for this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you work with children, youth, or families, are you willing to connect them to the work of this Committee? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to be considered for a Co-Chair position of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate if the following is applicable: I wish to be a member of this group, but cannot/would prefer not to participate in voting matters due to my employment. <input type="checkbox"/> Yes <input type="checkbox"/> N/A			

Representative of: (check all that apply)

- Legislative Branch of government
- Judicial Branch of government
- Executive Branch of government
- A young adult currently or previously in foster care
- A child welfare advocacy organization
- A child welfare service agency
- An agency providing independent living services
- Other: _____

Reason for Seeking this Appointment:

Last revised: January 2019