

**VIRGINIA BRAIN INJURY COUNCIL
2023 MEMBERSHIP APPLICATION**

Return Your Application by Friday, January 6, 2023

Virginia Brain Injury Council, c/o Chris Miller
8004 Franklin Farms Drive, Henrico, VA 23229
Fax: (804) 662-7663 or E-mail: christiane.miller@dars.virginia.gov

Thank you for your interest in joining the Virginia Brain Injury Council. Please carefully review the companion document entitled "*Participating on the Virginia Brain Injury Council is a Commitment*," which will explain some important information related to the commitment you may be making and what the Virginia Brain Injury Council does and can do for the brain injury community in Virginia. If, after reviewing that document, you are still interested in becoming a member and working with us to improve the lives of individuals living with brain injury in Virginia, we invite you to submit an application for membership.

[PLEASE PRINT OR TYPE]

Why do you want to serve as an active member of the Virginia Brain Injury Council? (If more space is needed, please attach additional pages.)

Tell Us About You:

Your Name _____

Your Home Address: _____

Your City: _____ Zip: _____ Phone Number: _____

Your Email: _____

A member of the Nominations and Elections Committee will be contacting you to discuss your application. How would you prefer to be contacted? _____

OPTIONAL (please mark all that may apply to you)

Age Range: 18-24 ___ 25-39 ___ 40-54 ___ 56-65 ___ 65+ ___

Gender: Male ___ Female ___ Non-binary ___ Other ___

Race: Black/African American ___ Native American/Alaskan ___ Asian ___
Native Hawaiian/Pacific Islander ___ White ___ Other ___

Ethnicity: Hispanic or Latinx ___ Not Hispanic or Latinx ___

Veteran: Yes ___ No ___

Are you a/an (check one):

___ Survivor (an individual who is living with a brain injury)

___ Individual affiliated with a hospital or healthcare system

Tell Us About Your Experience:

What is your highest grade-level completed?

High School ___ Some College ___ College Degree ___ Post-Secondary Degree ___

Are you employed? Yes ___ No ___ Retired ___

If so, in what profession? _____

What was/is your job title? _____

What experience have you had with boards, councils or workgroups?

What experience do you have related to brain injury?

How would you want to be involved with the Virginia Brain Injury Council?

Your Signature: _____

Date Completed: _____

Thank you for completing this application!

Note: *If you have additional comments or information (such as a resume or curriculum vitae or other attachments) that would be useful in the consideration of your application, please attach to this form.
Thank you*