***California Traumatic Brain Injury Advisory Board***

**APPLICATION FOR MEMBERSHIP**

**2024**

The California Traumatic Brain Injury (TBI) Advisory Board is seeking nominations for board members. This board is mandated by the Federal Administration for Community Living (ACL). The advisory board provides advice and guidance on the following: California’s Annual TBI State Plan, TBI Needs Assessment Survey, TBI State Registry, and seeking additional program funding. The board will also work with other states, organizations, and entities providing brain injury services for people of all ages.

The advisory board is composed of no more than 16 members, with two current vacancies. The ACL State Partnership Program Grant requires the advisory board be comprised of members representing the following:

1. State, territory or American Indian consortium agencies
2. Public/nonprofit/private health-related organizations
3. Other disability advisory or planning groups within the state/territory or American Indian consortium
4. Members of organizations/foundations representing individuals with TBI in California
5. Injury control programs at state or local level (if such programs exist)
6. A substantial number of individuals with a TBI or family members of such individuals
7. Survivors of domestic violence
8. Homelessness population

The board is open to membership of community members who are interested in strengthening and growing their capacity to support independence, well-being, and health of persons with a TBI. Board members serve on a voluntary basis and will be reimbursed for necessary travel expenses and per diem. Members attend one (1) seven-hour meeting quarterly and participate in additional subcommittee work.

The selection process is competitive, and nominations will not be considered without a completed copy of the attached application and current resume.

Please submit all materials by email to:

Attn: Matthew Berube

Department of Rehabilitation

matthew.berube@dor.ca.gov

Or mail application packet to:

Matthew Berube

c/o Department of Rehabilitation

928 E. Blanco Rd.

Salinas, CA 93901

**APPLICATIONS MUST BE RECEIVED BY 5:00 PM on Friday, May 17, 2024.**

For additional questions, please contact:

Matthew Berube

(916) 558-5640

matthew.berube@dor.ca.gov

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1. Name                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST MIDDLE LAST

1. Address (including Zip Code):       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone number: (     )      \_\_\_\_\_\_\_\_\_ Work number: (     )      \_\_\_\_\_\_\_\_\_\_\_

E-mail address:

Work e-mail address: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Gender: [ ]  Male [ ]  Female [ ]  Other Gender Identity

5. Ethnicity (optional): [ ]  American Indian or Alaskan Native [ ]  Asian [ ]  Black [ ]  Hispanic

 [ ]  Pacific Islander [ ]  White [ ]  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Occupation/Specialization/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. [ ]  Self-nominated or [ ]  Nominated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Representation (check all that apply and identify affiliation)

 Age:

[ ]  17 to 23 [ ]  24 to 59 [ ]  60 or older

[ ]  Person with a disability (Please identify the disability)

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[ ]  Employee of California State Department, a Public Program, or an Independent Living Center

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[ ]  Representative of a person with a disability, such as a family member or guardian of a person with a disability who uses assistive technology

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[ ]  A survivor of domestic violence, or someone who has worked with survivors of domestic violence

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[ ]  A person who has experienced housing insecurity, or someone who has worked with the unhoused population

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Please answer the following questions on a separate document and attach with this application. Limit responses to three pages maximum.

1. Please provide a brief statement of qualifications outlining your strengths, expertise, and potential contribution to the board, including the eight demographic groups listed above with which you have experience. You may include other lived experience (e.g., military service, local, state, or federal government experience, community engagement, etc.) you feel would benefit the board.
2. Please describe your leadership style as well as share your experience developing and utilizing your leadership skills in various group settings.
3. Briefly describe the areas of interests you have in brain injury recovery and rehabilitation, awareness, treatment, and resources to meet the needs of people with TBI.

Thank you for your interest in the California Traumatic Brain Injury Advisory Board. Alternative formats are available upon request. Please sign and date this application as well as attach a current resume. If requested as a representative of an organization or group, please provide a letter of support.

SIGNATURE DATE

Please submit applications or questions via email to:

Matthew Berube at matthew.berube@dor.ca.gov

Subject: TBI Advisory Board Application

Applications submitted through the mail must be received by May 17, 2024.