



Dave Heineman
Governor

STATE OF NEBRASKA

OFFICE OF THE GOVERNOR
P.O. Box 94848 • Lincoln, Nebraska 68509-4848
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Application for Executive Appointment

Name of Board or Commission appointment you are applying for

Please list any other Boards or Commissions which you are currently serving on or previously have served on

Personal Information

Name: _____

Mr. Ms. Miss Mrs. (please type or print last name, first name, and middle initial)

Legal Residence Street City State Zip County

Business Address Street City State Zip County

Home Phone: () Cell/Pager: () Work Phone: ()

FAX Number: () Email Address: _____

Date of Birth: _____ Place of Birth: _____ SSN (optional): _____

Occupation: _____ Name of Spouse: _____

Are you a United States Citizen: Yes No Congressional District (1, 2, or 3): _____ Your State Senator: _____

Have you ever been convicted of a felony or misdemeanor? Yes No
If Yes, explain the circumstances on a separate sheet and attach to application.

Are there currently or has there ever been any disciplinary actions, suspensions or revocations of any licenses that you have been issued by any agency of federal, state or local government? Yes No
If Yes, explain the circumstances on a separate sheet and attach to application.

Could you or any member of your family be affected financially by decisions to be made by the board or commission for which you have applied? Yes No

Some appointments require specified partisan membership; therefore, we ask that you indicate your political affiliation:
 Republican Democrat Independent Other (specify): _____

To assist in the selection, you are asked to voluntarily provide information, which is necessary for statistical reporting purposes. Under State and Federal law, this information may not be used to discriminate against you.

Diversity Information: Male Female Racial/Ethnic background: _____

Employment

Statutes require some board appointees meet specific employment criteria. List employment beginning with the most recent experiences. A resume or additional information is optional.

Employer Location Dates

PLEASE COMPLETE REVERSE SIDE

Education

Schools attended including High School:

School	Location	Dates	Major/Degree

Additional Information

Please list additional supportive information about yourself, your experiences, and background, including any board or commission you have served on in the past, honors or awards you have received, and other volunteer activities.

AREAS OF INTEREST: Agriculture Cultural Economic Development Education
 Environment Finance Government Health Human Services Labor
 Nominating Commissions Legal/Law Enforcement Roads Transportation
 Other, please list _____

References

List names, addresses, and phone numbers of at least three people who may be contacted for references:

1. _____
2. _____
3. _____

If you have recently prepared a biography or resume, PLEASE ATTACH IT TO THIS FORM.

Some executive appointments are subject to confirmation by the Nebraska Legislature. One area of inquiry will be whether you or your spouse have a conflict of interest. An investigation into your background may be conducted by the Nebraska State Patrol prior to your appointment.

I hereby grant the Governor's Office and the Nebraska State Patrol permission to obtain, and provide the Governor, any and all records pertaining to me from the Department of Revenue, Department of Motor Vehicles, Law Enforcement Agencies, credit bureaus, past and present employers, employees, business associates, affiliations, and acquaintances.

As a citizen of the United States and a resident of this state, I will accept appointment if selected by the Governor. If appointed, I pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as a gubernatorial appointee.

Name (please print)

Signature

Date

**Return completed form to: Peggy King, Staff Assistant for Boards and Commissions,
Nebraska Governor's Office, State Capitol, Box 94848, Lincoln, NE 68509-4848
402/471-1971 | FAX 402/471-6031 | peggy.king@nebraska.gov**



Application Supplement

Due Date: Applications may be submitted at any time

The Nebraska Governor's Youth Advisory Council is a 25-member council of 14-19 year-old students from across the state of Nebraska. Applications to the Council are reviewed by GYAC members and the final selection is made by the Governor.

Members are expected to attend all Council meetings and activities. All costs associated with membership on the council are paid for to ensure equal opportunity. Meetings are held four times per year. Two of the meetings are held in Lincoln while the other two travel throughout the state. We make every effort to not have membership on the Council interfere with school; however there are times when this can not be avoided.

Applications are reviewed at both the summer and winter meetings. Applications may be submitted at any time and will be held until the next review cycle. If you have any questions, please contact the Council by emailing Cassy Blakely at cblakely@nebraskachildren.org or calling 402.817.2003.

Submit applications to:
Nebraska Governor's Youth Advisory Council
c/o Cassy Blakely, Advisor
215 Centennial Mall South
Suite 200
Lincoln, Nebraska 68508
cblakely@nebraskachildren.org

APPLICATION REQUIREMENTS:

- EXECUTIVE APPOINTMENTS APPLICATION
- 3 SHORT-ANSWER ESSAY QUESTIONS
- LETTER TO THE GOVERNOR REQUESTING APPOINTMENT
- RELEASE OF INFORMATION FORM



Application Supplement (continued)

The Governor's Youth Advisory Council Mission Statement includes:

- 1) keep abreast of the bills, laws, policies and decisions that might have an impact on youth in their communities;
- 2) increase the level of communication between youth, community and government;
- 3) move the focus off the deficiencies of youth and on to the assets of the youth and their contribution to Nebraska's communities;
- 4) increase youth and adult partnerships in order to build better communities;
- 5) provide opportunities for youth involvement on state and local boards and committees which develop programs to serve youth;
- 6) assure that youth are represented in State initiatives such as those that impact employment and job training opportunities rural and urban economic sustainability, juvenile justice and child welfare services; and to collaborate with other state and local youth organizations. The Council strives to give youth from diverse populations and geographic locations in the State a united voice. The Governor, Senators, Department directors, Program administrators and others will have a direct link to youth through their contact with this Council and the youth the Council represents statewide.

While on the GYAC members must maintain the following requirements of membership:

- 1) Actively attend and participate in meetings and on committee activities.
- 2) Stay abreast on information affecting youth in your area and statewide.
- 3) Maintain contact with fellow council and committee members and council coordinator between meetings.
- 4) Inform council coordinator of issues of importance occurring in local community and activities of which you are a participant as they relate to the council.
- 5) Share GYAC news and events with your community and youth in your area.



Essay Section

Please briefly answer the following questions on a separate sheet of paper (no more than 1000 words total for all questions). Although your response should be concise (and typed if possible), please be specific.

1. What is the most important issue facing Nebraska youth? How would you use your experience as a GYAC member to affect this issue?
2. If you could eat lunch with any Nebraska public figure (dead or alive), who would it be and why? What questions would you ask him or her?
3. The Governor's Youth Advisory Council makes every effort to ensure the Council members represent the diverse population of Nebraska residents. Please describe what viewpoint you can bring to GYAC and why it is important that these viewpoints be represented.



Release of Information/Photographs

Member Name: _____

Address: _____

City | State | Zip: _____

Name of School: _____

Grade Level: _____ Age: _____

Parent's | Guardian's Name: _____

Local Newspaper: _____

Address: _____

City | State | Zip: _____

As the parent/guardian of _____, I hereby give permission for the picture and/or name of my son/daughter to be used in conjunction with the Governor's Youth Advisory Council activities.

Parent/Guardian Signature

Date

Witness

Date