



Colorado Brain Injury Advisory Board  
At-Large Member Application

The Colorado Brain Injury (BI) Advisory Board provides advice and expertise to create and strengthen a system of services and supports that maximizes the independence, well-being, and health of people with brain injuries through the development and monitoring of a Colorado Brain Injury State Plan. Please visit and read about the current goals and strategies in the current [2020-2023 Colorado Brain Injury State Plan](#). The BI Advisory Board also provides input on Administration For Community Living brain injury grants, when awarded. Other Board details:

- The Board consists of 20 standing or at-large members.
- The Board is made up of people who have lived brain injury experience, family members or caregivers, and representatives from organizations and agencies that serve and support the brain injury community.
- Full Board meetings are held quarterly with committee meetings in between as needed.
- When in-person meetings are held, reimbursement of travel costs (per the State of Colorado’s travel reimbursement policies) is available upon request.
- Terms are three years in length starting in the month of July.

If you are interested in serving as a Board member, please complete the information below and return to: [cdhs\\_mindsourc@state.co.us](mailto:cdhs_mindsourc@state.co.us). There is not a deadline to apply. MINDSOURCE will keep all applications on file for future Board openings.

**1. Contact Information:**

**Name:**

**Title (if applicable):**

**Organization (if applicable):**

**Are you:**

- A person with lived experience – traumatic brain injury**
- A person with lived experience -- non-traumatic brain injury (e.g. stroke, anoxia, etc.)**
- A family member of a person with a brain injury**
- A member of an organization that serves people with brain injury**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Contact E-mail:** \_\_\_\_\_

**2. The Advisory Board meets four times/year and terms are three years in length. Can you commit to meeting quarterly for the next three years?**

- Yes
- No

**3. Please tell us how you learned about the Colorado BI Advisory Board and what interests you in applying for the Board?**

**4. As a member of the Colorado BI Advisory Board, you would be asked to look at the “big picture” and help MINDSOURCE – Brain injury Network decide what it should do to address problems that many people with BI have. What are some of the biggest problems you think children and adults with brain injury and their families and caregivers face?**

**5. Tell us about your involvement and/or advocacy experiences with other organizations, Boards, or other groups**

**6. We are committed to healthy equity, cultural competency, understanding health disparities and overall inclusion. Tell us about your experiences with learning about and/or advocating for the following equity, diversity and inclusion. And please include areas of interest that you would like to learn more about.**

**7. Please provide us with the names and contact information of two people we can contact who would recommend you for the BI Advisory Board:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_