

1) Why do you wish to serve on the Texas Nonprofit Council?

2) Please describe any personal or professional experience with the nonprofit sector that makes you uniquely qualified to serve on the Texas Nonprofit Council:

3) Please describe any educational and/or leadership/advocacy training background that may be relevant to serving on the Texas Nonprofit Council:

4) Have you ever been disciplined by any licensing board/professional or civic organization, including the Office of Investigation and Enforcement for Medicaid/CHIP?

Yes No **If yes, please explain:**

5) Have you ever been convicted of a felony or a misdemeanor (excluding traffic violations)?

Yes No **If yes, please explain:**

6) Please list any potential conflicts of interest:

Please provide name, telephone number, and e-mail address of two references (references may include employers, clients, religious leaders, community leaders, other parents, etc.).

Reference #1:

Name: _____ Phone: _____ E-mail: _____

Reference #2:

Name: _____ Phone: _____ E-mail: _____

I attest that all information contained in this document is true and correct. I understand that the Texas Nonprofit Council will meet at least three times per year in Austin, Texas. If selected, I will commit to make every effort to attend all Texas Nonprofit Council meetings, and I understand that there is no compensation for participating or traveling to Council meetings.

Signature of Applicant: _____ **Date:** _____

Please submit applications to:
Deborah Ballard
Texas Health and Human Services Commission
909 W 45th Street, Building 555
Mail Code 2010
Austin, TX 78751

Fax: (512) 206-5812 or Email: deborah.ballard@hhsc.state.tx.us

***If you have any questions about the application or the Texas Nonprofit Council, please contact:
Deborah Ballard, by email at deborah.ballard@hhsc.state.tx.us
This agency is an equal opportunity employer and provider.***