****North Dakota Hands & Voices

PO Box 1776

Minot, ND 58702-1776

 Phone: 701-484-1605

 Email: ndhandsandvoices@gmail.com

North Dakota Hands & Voices is looking for families/professionals/consumers from all over the state to serve on our board. There are funds available to help with transportation during our board meetings, described below. Your application will be considered and voted upon by acting Board members. You will be notified in writing of your acceptance to a two-year term. We are asking for a commitment from those wishing to serve as Board members to minimally include:

1. You understand and adhere to our mission statement:

*“Hands & Voices is dedicated to supporting families with children who are Deaf or Hard of Hearing without a bias towards communication modes or methodology. We’re a parent-driven, non-profit organization providing families with the resources, networks, and information they need to improve communication access and educational outcomes for their children. Our outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling Deaf and Hard-of-Hearing children to reach their highest potential.”*

1. You can support communication choices made by individuals and families that are different from your own personal belief system and you will not allow bias to interfere with your function and participation on this Board.
2. You will regularly attend scheduled North Dakota Hands & Voices Board meetings, which may be held at different locations in the state. If you are unable to attend, you will contact the Board. A participation of at least 75% of general Board meetings per year is required. We currently meet 4 times per year in person. An average of 1-2 phone meetings per year are scheduled as needed.
3. You will participate on subcommittees as needed. Subcommittees could include advocacy, Resource Guide committee, public awareness/advertising, finance, grant writing/search, others, as needed.

Hands & Voices depends on the continuing support of parents and professionals, and we value greatly your input to this organization. Please fill out the enclosed form and return it to North Dakota Hands & Voices via:

MAIL:
ND Hands & Voices

PO Box 1776

Minot, ND 58702-1776

EMAIL:

Ndhandsandvoices@gmail.com

****Name: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zipcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*professionals: Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial after each applicable statement:**

• I have read the commitment requirements above, and I understand and accept them as a part of the ND H&V chapter Board. \_\_\_\_\_\_\_

• I am a parent of a deaf/hh child. \_\_\_\_\_\_\_

• I am a professional. \_\_\_\_\_\_\_

• I am Deaf or Hard of Hearing. \_\_\_\_\_\_\_

**Please Answer the Following Questions:**

1. Why are you interested in serving on the H&V Board?
2. How will you support a family’s or individual's communication choice that is different from your own personal belief system about modality/methodology?
3. Tell us about your personal philosophy of communication choices:
4. Explain any experiences you have had with communication choices that are different from your personal belief system?
5. Tell us about your child/children or the children you work with and your current approach to communication methods (if applicable):
6. Other information you would like to share:

Return to North Dakota Hands & Voices via:

MAIL:
ND Hands & Voices

PO Box 1776

Minot, ND 58702-1776

EMAIL SECRETARY:

Jerrica.maxson@trinityhealth.org