****North Dakota Hands & Voices

PO Box 1776

Minot, ND 58702

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**BOARD MEMBER APPLICATION**

Name/Name of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

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

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

Family Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you or a family member deaf or hard of hearing? YES NO

If yes, please list him/her: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial after each applicable statement:**

I have read the commitment requirements, and I understand and accept them as a part of the North Dakota H&V 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:**

Why are you interested in serving on the H&V Board?

Can you support a family’s or individual's communication choice that is different from your own personal belief system about modality/methodology? Will communication bias be a challenge for you? Please explain:

Tell us about your personal philosophy of communication choices:

Do you have experience with communication choices that are different from your personal belief system?

Parents, tell us about your child/children or students, and what your family's approach to communication has been:

Are you willing to meet in person and conduct chapter business over the internet?

Other information you would like to share: