Hands and Voices Board Member Application

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City |  |
| Zip |  |
| Phone |  |
| Email |  |
| Fax |  |
| Professionals:Title-Organization |  |

Please initial after each application statement:

* I understand and accept the commitment requirements to be part of the Board. \_\_\_\_\_\_\_
* I am a parent of a deaf/hard of hearing child. \_\_\_\_\_\_\_
* I am a professional. \_\_\_\_\_\_\_
* I am Deaf or Hard of Hearing. \_\_\_\_\_\_\_

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

Tell us about your personal philosophy of communication choices.

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:

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

Is there any other information you would like to share: