



Georgia Hands & Voices

Board Member Application

Hands & Voices Board Application

Georgia Hands & Voices is looking for families/professionals/consumers from all over the state to serve on our board. There may be funds available to help with transportation and childcare 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 and 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.”

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 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 President. A participation of at least 75% of general Board meetings per year is required (four out of six meetings)
3. You will participate on subcommittees, at least one per year 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 questionnaire and return it to Georgia Hands & Voices.



HANDS &
VOICES

Individual Board Member Application

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

Please initial after each applicable statement:

- I have read the commitment requirements, and I understand and accept them as a part of the 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:

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:

Please return this form with the chapter application electronically to: terripat@earthlink.net

If you have any questions, please contact

Co-Director: Terri Patterson at 678-574-9082 or

Co-Director: Julia Janka at 770-205-3341

Thank you.