



# Indiana Hands & Voices

*“What works for your child is what makes the choice right”*

## Indiana Hands & Voices Board Member Application

Indiana Hands & Voices is looking for families and/or professionals from all over the state to serve on our board. 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. It states as follows:  
  
“Indiana Hands & Voices is dedicated to supporting families with children who are Deaf or Hard of Hearing without bias around communication opportunities, modes, or methodology. We’re a parent-driven and parent led non-profit organization providing families with the resources, networks, and information they need to improve communication access and educational/social outcomes for their children. Our outreach activities, parent/professional collaboration, and advocacy efforts are focused on empowering Deaf and Hard of Hearing children to reach their highest potential. “
2. Attending regularly scheduled Indiana Hands & Voices Board meetings. If you are unable to attend, you will need to contact one of the Co-Chairs. A participation of at least 75% of general board meetings per year is required (four out of six meetings).
3. Participation on a subcommittee, at least one per year as needed. Subcommittees could include advocacy, public awareness, social, finance, grant writing, others, as needed and of course where you feel comfortable contributing.

Indiana Hands & Voices depends on the continuing support of parents and professionals and we value your input to this organization. Please fill out the enclosed questionnaire and return it to Indiana Hands & Voices.

## Indiana Hands & Voices Board Member Application

Name:
Street Address:
City: /Zip:
Phone:
Email:
TTY:
Fax:
Professional Title/Organization:

**Please initial after each applicable statement:**

- I understand and accept the commitment requirements to be a 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 \_\_\_\_\_

**Please answer the following questions:**

Why are you interested in serving on the Indiana Hands & Voices Board?

Tell us about your personal philosophy of communication choices:

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

How do you see yourself contributing to the Indiana Hands & Voices Board?

Other information you would like to share:

**Return form to:  
Indiana Hands & Voices  
3100 Meridian Park Dr, Ste N, Box 289  
Greenwood, IN 46142**