



INDIANA HANDS & VOICES

"What works for your child is what makes the choice right"

BOARD APPLICATION

Hands & Voices is looking for families/professionals/consumers 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:

Indiana Hands & Voices chapter is dedicated to supporting families with Deaf or Hard of Hearing Children without bias around communication opportunities, modes, or methodology. Indiana Hands & Voices is a parent-driven and parent-led non-profit organization providing families with the resources, networks, and information needed to improve communication access and educational/social outcomes for their child(ren). 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. 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.

3. You will regularly attend scheduled Hands & Voices Board meetings, which may be held at different locations in the state. You will be willing to conduct board business through email as well as attending the board meetings. If you are unable to attend you will notify the Board Chair(s). After a 4th absence in a 2 year term, the board will ask you to resign from the board and the board will fill your position.

4. 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 Hands & Voices.



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Hands & Voices 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:



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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:



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

Other information you would like to share:

Mail completed application to:

Indiana Hands & Voices

3100 Meridian Park Dr, Ste N, Box 289

Greenwood, IN 46142