

Chapter Board Member Application

Nevada Hands & Voices is recruiting 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 an understanding of, and adherence to, our mission statement:

“Nevada Hands & Voices (NVHV) is a parent-driven, non-profit organization that exists to support, encourage, and educate families of Deaf and Hard of Hearing (DHH) children, so that they can be empowered to make choices that will enable their children to achieve their full 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.

You will regularly attend scheduled Nevada Hands & Voices Board meetings, which may be held at different locations in the state. If you are unable to attend, you will contact the Executive Board Committee. Participating in at least 85% of general Board meetings per year is required (five out of six meetings). Attendance at an annual board retreat held at one location in the state is required of all board members.

You will participate on committees, at least one per year as needed. Committees include Finance; Fundraising; Programs/Scholarships; Events; Governance; Public Relations/Outreach; Membership; Executive Committee; and others as needed.

We are looking for individuals with the drive and desire to commit time and energy to helping the organization grow state wide by increasing membership, programs, and sustainable funding that will allow us to increase services, resources, educational opportunities, and fun gatherings for the families we serve across the state.

Nevada 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 Nevada Hands & Voices.

Please submit completed application to any current board member in person or via email, or to the general NV Hands & Voices email address: info@nvhandsandvoices.org with Board application in the subject line.



Name:	
Address: (Street, City, State, Zip)	
Phone: (indicate if Home, Cell, TTY, VP)	
Email Address:	
Current Occupation:	
Current relationship with NV Hands & Voices:	

Areas of Expertise (check all that apply)			
<input type="checkbox"/>	Business/Corporate	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Education	<input type="checkbox"/>	Government
<input type="checkbox"/>	Financial management	<input type="checkbox"/>	Public speaking
<input type="checkbox"/>	Human resources	<input type="checkbox"/>	Legal
<input type="checkbox"/>	Public Relations/Marketing	<input type="checkbox"/>	Non-Profit management
<input type="checkbox"/>	Philanthropic management	<input type="checkbox"/>	Volunteer management
<input type="checkbox"/>	Other areas of expertise/skills:		

Please answer the following questions:

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

2. History of Community / Volunteer services:

3. Membership in Civic / Professional organizations:

4. Do you have any prior Board experiences:

5. What areas of the NV Hands & Voices board are of interest to you:

6. Tell us about your personal philosophy of communication choices for your own children or the children you work with (if applicable):

7. Explain any experiences you have had with communication choices that are different from your personal belief system? How will you support a family's or individual's communication choice that is different from your own personal belief system about modality/methodology?

8. Tell us about your child/children, or the children you work with, and your current approach to communication methods (if applicable):

9. From our experience, Board Members spend a minimum of 10 hours per month on NV Hands & Voices work. Depending on your level of involvement and commitment, this time might increase. Do you see this as a problem?

10. Any additional Information you would like to share:

Please initial each applicable statement:

	I have read the commitment requirements and I understand and accept them as part of the Nevada H&V Chapter Board.
	I am a parent of a child who is Deaf/Hard of Hearing (D/HH)
	I am a professional
	I am Deaf/Hard of Hearing (D/HH)

Please allow my name to stand for nomination to the Nevada Hands & Voices Board of Directors. I am willing to commit my time, energy and passion to Nevada Hands & Voices.

_____ Signature

_____ Date