

APPLICATION FORM
SHHH California - Board of Trustees

1- Print it

2- Sign it

3- Mail it to:

Don Senger
Nominations Chair
2304 Platt Drive
Martinez, CA 94553
Or email to d.senger@juno.com

Name :

Address :

City :

State :

Zip :

Day Phone # :
(indicate v, tty or crs)

Evening Phone # :
(indicate v, tty or crs)

Fax :

E-Mail :

SHHH AFFILIATION:

Number of years as an SHHH National Member

Number of years SHHH Chapter or Group membership

Office(s) held:

CHECK ALL OF THE FOLLOWING THAT APPLY TO YOU:

Hard of Hearing

Parent of Hard of Hearing Child

Family member with Hard of Hearing Relative

Hearing Health Care or other professional

ARE YOU EMPLOYED BY, OR DO YOU REPRESENT THE INTEREST OF, ANY VENDORS OR

DISTRIBUTORS WHO ARE PROVIDING, OR MAY IN THE FUTURE PROVIDE EQUIPMENT OR SERVICES TO SHHH-CA OR ITS MEMBERS? YES NO

If **YES**, please explain:

CHECKLIST

You may attach additional pages, materials, and/or resume to support your answers.

WRITE A BRIEF STATEMENT SUPPORTING YOUR VIEW OF, AND INTEREST IN, SHHH.

WHAT OTHER BOARDS OR ORGANIZATIONS HAVE YOU BEEN INVOLVED WITH, AND WHAT DUTIES DID YOU PERFORM?

MANY BOARD DUTIES REQUIRE THE APPOINTMENT OF PERSONS WITH SPECIAL SKILLS OR EXPERIENCE. PLEASE INDICATE THE CATEGORIES FOR WHICH YOU ARE QUALIFIED :

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Advanced Technology | <input type="checkbox"/> Education | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Financial | <input type="checkbox"/> Health |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Government | <input type="checkbox"/> Student |
| <input type="checkbox"/> Management | <input type="checkbox"/> Counseling | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Mass Media | <input type="checkbox"/> Employment | <input type="checkbox"/> Business |

other (describe)

WRITE A BRIEF STATEMENT DESCRIBING SPECIAL SKILLS OR EXPERIENCE CATEGORIES YOU HAVE CHECKED.

AS A MEMBER OF THE SHHH-CA BOARD OF TRUSTEES, IT WILL BE NECESSARY TO SERVE ON COMMITTEES FORMED TO INITIATE AND COMPLETE SPECIAL PROJECTS. PLEASE INDICATE THE EXTENT OF YOUR DECISION-MAKING RESPONSIBILITY AS IT RELATES TO YOUR CURRENT OR PAST POSITION/CAREER, OR WORK ON OTHER BOARDS OR COMMITTEES.

Use the rating chart to indicate your level of decision-making responsibility.

1 = Not Involved 2 = Make Suggestions 3 = Directly Involved 4 = Fully Accountable

Policy Development

Community Relations

Local

Interface with Regulatory Agencies

State

Training

National

Consumer Advocacy

Budget Development

Expenditures above \$500

Legal Issues

Involvement with Minority Communities

WRITE A BRIEF STATEMENT OF YOUR INVOLVEMENT TO SUPPORT ANY ITEMS COMPLETED WITH # 3 OR # 4.

WHAT SKILLS, QUALIFICATIONS AND EXPERIENCES DO YOU HAVE THAT YOU FEEL WOULD BE MOST HELPFUL TO THE SHHH-CA BOARD?

WRITE A BRIEF STATEMENT INDICATING THE REASONS YOU WOULD LIKE TO SERVE ON THE SHHH-CA BOARD OF TRUSTEES.

By signing this application I agree to the requirements for the Board of Trustees of SHHH-California as stated in the cover letter. I also submit that the statements made on this application express my desire to serve on the SHHH-California Board of Trustees to the best of my abilities.

Signature:

Date:

Endorsement by Chapter Affiliate:

Chapter Name :

Date :

Chapter Officer Signature :

Note: Endorsement of candidate is optional.

NOMINATION COMMITTEE USE ONLY:

Chapter/Group Endorsement :

Board Endorsement :

Reviewed by :