



Serving The Community Since 1972

Deaf-Hearing Communication Centre, Inc.

Board Application Form

Date _____ Name _____

Phone (home) _____ (V/TTY/VP)

(work) _____ (V/TTY/VP)

(cell) _____

Email _____

Address _____

City _____ State _____ Zip _____

Hearing Status: Hearing _____ Deaf _____ Hard of Hearing _____

Access/Special Needs: Sign Language Interpreter _____ CART _____ Other _____

Relevant Experience and/or employment (attach a resume) _____

Why are you interested in this organization? _____

Area(s) of expertise/contribution you feel you could make _____

Other volunteer commitments _____