

Kentucky Commission on the Deaf and Hard of Hearing
Commission Membership Application Form

For Office Use Only: Date application received _____

Commission Seat: _____ **Term:** _____ **to** _____

Applicant: _____ Phone: _____
(Please specify Voice, TDD or V/TDD)

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Do you or any members of your family have hearing loss? If yes, please indicate who _____

- Please list any communities or professional organization (s) of which you are an active member. Indicate if you are an Officer or Board member in any of these organizations:

- Do you have any personal, family or professional interests that relate to the work of the citizens group for which you have been nominated? Yes _____ No _____

If yes, please specify: _____

References: (List three persons not related to you, who you have known at least one year)

1. _____
Name Address Phone number

2. _____
Name Address Phone number

3. _____
Name Address Phone number

Application requirement: Please attach, or write on this page, a brief statement of why you would like to serve on the Commission plus other pertinent information. **Resume or evidence of involvement in deafness may be attached.**

Meeting Information

The group for which you have been nominated will require the following commitment of your time in addition to review of material at home.

Name of the group: Kentucky Commission on the Deaf and Hard of Hearing

Frequency/Length of Meetings: Four times a year (quarterly: each meeting lasts three to four hours and Subcommittee meetings are also held from time to time).

Location: Primarily Frankfort

Will you be able to attend these meeting at least 80 percent of the time? Yes _____ No _____

Statement: I have read the meeting information and am willing and available to attend at least four Commission meetings a year, plus any special or subcommittee meetings as required (travel expenses are reimbursed).

Signed _____
Signature

Date