



**Application to Serve on the Board of GACHI
(Georgia Council for the Hearing Impaired)**

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ V TTY Work Phone _____ V TTY

Cell Phone _____ V TTY Fax _____

Email Address _____

Profession _____ Degree: GED HS BS/BA MS/MA PhD
(choose one)

Please explain why you are interested in serving on the Board:

Would you like to participate in the following:

Fundraising Legislation Bylaws Nominating Public Relations
Office Committee Chair Meeting Preparation Financial

Participate in Other:

What will you contribute to the Agency?

Have you served on a non profit non membership governing Board before? Yes No

If yes, what non profit **How Long**

Best Days to be contacted:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you have the following requirements? (Check one)

- | | | |
|---|-----|----|
| ▪ An understanding or a desire to understand Deaf culture and hearing loss issues | Yes | No |
| ▪ A willingness to fundraise | Yes | No |
| ▪ A commitment and loyalty to the agency | Yes | No |
| ▪ Willing to talk with key legislators | Yes | No |
| ▪ Have the necessary time to spend helping the agency's financial situation | Yes | No |
| ▪ An understanding the role of a board member governing a non profit agency | Yes | No |
| ▪ Be people oriented and have the ability to work with a diverse group of people | Yes | No |
| ▪ Have integrity and honesty | Yes | No |
| ▪ Email and knowledge to conduct business through technology. | Yes | No |

Send to: GACHI/Nominating Committee

Submit