



100 Dee Drive
 Charleston, WV 25311
 304-558-1675



WEST VIRGINIA
COMMISSION FOR THE DEAF AND HARD OF HEARING
Application for Gubernatorial Appointment

Name:			
Address:			
City:	State:		Zip:
County:			
Email:			
Day Phone:	<input type="checkbox"/> V	<input type="checkbox"/> TTY	<input type="checkbox"/> VP
Eve Phone:	<input type="checkbox"/> V	<input type="checkbox"/> TTY	<input type="checkbox"/> VP
FAX:			
DOB:	Sex:	Race:	

*Members of the Board are appointed by the Governor. The Board must be comprised of at least five persons who are deaf or hard of hearing; a parent of a deaf child; a certified teacher of the deaf and hard of hearing; an audiologist; and an otolaryngologist. **Applicants are requested to disclose the following information. Please check all that apply.***

- I am person who is deaf or hard of hearing
- I am a parent or guardian of a child who is deaf
- I am a certified teacher of the deaf and hard of hearing
- I am an audiologist
- I am an otolaryngologist

REFERENCES			
	Name	Address	Daytime Phone
1.			
	Name	Address	Daytime Phone
2.			
	Name	Address	Daytime Phone
3.			

I am interested in serving on the Commission Board because:

My experiences and qualifications include (Please attach resume if available):

I have the following personal and/or professional experiences regarding the problems and needs of people who are deaf or hard of hearing: