PPDB Nominations Committee

Date received

Personal Fact Sheet

Name		
		Work
Cell Phone		
E-mail address:		
Employer		
Employer Address		
Position		
About your family:		
•		Deaf-blind and/or other disability
Relationship to the po	erson who is deaf-blin	nd

Reason, if known, for the person's deaf-blindness					
About yourself:					
What do you like to do for recr	reation/leisure?				
Please list parent/disability org	anizations (local, state, and national) to which you belong:				
Name of organization	Office held (include length of time)				
what attributes/skills would yo	ou bring to PPDB? Ex. Fund-raising, writing, editing				

	Directors.)			
isabilities in ge overnor, the sc	neral. This could be nool or others to des	about letters ye cribe changes i		_
ommittees/boai	ds you served on an	a the systems c	change that resulted.	
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participating in monthly Board an PPDB By-Laws, and adhering to t Legal Duties of Board" to be prov	d annual Men the legal dutie ided upon not ment and acc	ilities of a PPDB Board Member. These include mbership (conference call) meetings, reviewing es of a board. I will review the document "Three mination acceptance and execute a signature exptance of the terms set forth in the document. behalf.
Signature		 .
Date		
Email your application to either l	Nominations	Committee Co-Chairs by March 15, 2024:
Jessica Lynch jessicamariecoffin@gmail.com	or	Molly Black mblack@pattan.net