

PPDB Nominations Committee

Date received

\_\_\_\_\_

Personal Fact Sheet

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address

\_\_\_\_\_

Position \_\_\_\_\_

About your family:

Family members      Age of Children      Deaf-blind and/or other disability

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to the person who is deaf-blind \_\_\_\_\_

\_\_\_\_\_





\_\_\_\_\_ *I have read and understand the responsibilities of a PPDB Board Member. These include participating in monthly Board and annual Membership (conference call) meetings, reviewing PPDB By-Laws, and adhering to the legal duties of a board. I will review the document "Three Legal Duties of Board" to be provided upon nomination acceptance and execute a signature page showing receipt of said document and acceptance of the terms set forth in the document.*  
\_\_\_\_\_ *I have submitted a letter of support on my behalf.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email your application to either Nominations Committee Co-Chairs by March 15, 2024:

Jessica Lynch  
[jessicamariecoffin@gmail.com](mailto:jessicamariecoffin@gmail.com)

or

Molly Black  
[mblack@pattan.net](mailto:mblack@pattan.net)