

PPDB Nominations Committee

Date Received:

\_\_\_\_\_

Personal Fact Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_

About your family:

<u>Family Members</u>	<u>Age of Children</u>	<u>DeafBlind and/or other disability</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relationship to person who is DeafBlind:

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

Reason, if known, for the person's DeafBlindness:

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





\_\_\_\_\_ *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 any Nominations Committee Member by March 15, 2026.

Molly Black                      or              Kate Ragona                      or              Kristina Kezmarsky

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