



Advisory Council for Utah Schools for the Deaf and the Blind
COUNCIL MEMBER NOMINATION FORM
PLEASE FILL OUT FORM COMPLETELY

RETURN COMPLETED APPLICATION & DOCUMENTATION (Open until filled)

Individual completing the nomination:

1. ___ Self
2. ___ Other Individual
 - a. Name of Person Making this Nomination:
 - b. Home Phone:
 - c. Work Phone:

NOTE: Prior to submitting this nomination the above named individual must be contacted regarding serving on the Advisory Council. Do not make this nomination until this person has been contacted and agreed to have his/her name submitted for membership on the Advisory Council. For more information please contact Tamara Flint (801) 629-4712 or tamaraf@usdb.org).

NOMINATION FORMS MUST INCLUDE:

1. *Letter that explains your interest in and knowledge of the needs and education of those who are blind/visually impaired, deaf or hard of hearing, or deafblind. Please limit to two pages.*
2. *Biography or Resume (including background information relating to individual interest in and knowledge of the needs/education of those who are deaf or hard of hearing, blind or visually impaired, or deafblind). Please limit to one page.*
3. *Three letters of support.*



USDB

Utah Schools for
the Deaf & the Blind

The nominee is applying for a position on the Advisory Council representing the following category:

- Individual who is Blind or Visually Impaired
- Individual who is Deaf or Hard of Hearing
- Individual who is Deafblind or Parent of Deafblind Child
- Parent of a blind Student
- Parent of a deaf Student
- Parent of a blind/visually impaired student receiving outreach services
- Parent of a deaf/hard of hearing student receiving outreach services
- Individual who has an outreach in and knowledge of the needs and education of students who are deaf, blind or deafblind
- Teacher of the Blind/Visually Impaired; Deaf or Hard of Hearing or ; or Deafblind

Nominee Name:

Home Address:

City:

Zip:

Home Phone:

Work Phone:

E-Mail Address:

Place of

Employment:

Address:

City:

Zip:

Employment Title:



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Please list two references (include contact information) of individuals who are familiar with the nominee's interest in and knowledge of the needs and education of those who are deaf or hard of hearing, blind or visually impaired, or deafblind (may be the same individuals as those providing letters of support).

1. Name:

Home Phone:

Work Phone:

2. Name:

Home Phone:

Work Phone:

Mail or e-mail this completed form and the required attachments to:

Tamara Flint

Utah Schools for the Deaf and the Blind

742 Harrison Boulevard

Ogden, Utah 84404-5298

tamaraf@usdb.org