

**SASKATCHEWAN DEAF AND HARD OF HEARING SERVICES
INC.**

Board of Directors Nominee Profile

Name: _____

Address: Home: _____

Business: _____

Telephone: Home: _____ (Voice or TTY)

Business _____ (Voice or TTY)

Fax: _____

Email: _____

The four priority categories from which board members are elected are below. Which best matches how you categorize yourself?

- Deaf with ASL capabilities
- Hard of Hearing
- Late-deafened or Oral deaf
- Hearing

Occupation: _____

Education: _____

Community Involvement and/or Volunteer Experience:

Interests and Hobbies: _____

This form is to be completed by all those who are nominated for the SDHHS Board of Directors. A nominee also can forward a resume if they wish.

Forward to:

SDHHS Nominations Committee, c/o: SDHHS 3-511 1st Ave N Saskatoon S7K 1X5