



Georgia Commission for the Deaf or Hard of Hearing Application

Date:																											
Name:																											
Address:	Street:																										
	City:		State:		Zip:																						
Phone:	Home:																										
	Cell:																										
	Video Phone:																										
Email:																											
Profession:	Employer:																										
	Position																										
I am a parent of a child who is Deaf or Hard of Hearing (DHH)		Yes		No																							
Role for Application:	<p>Please choose the position to which you would like to apply. You may hold one position on the Commission at any given time. Term limits of three years (maximum 2 terms) apply to all positions. Please prioritize the positions for which you are applying. (1 = highest priority; 3 = lowest priority)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>Deaf-Blind Adult</td></tr> <tr><td><input type="checkbox"/></td><td>Deaf or Hard of Hearing Adult - ASL</td></tr> <tr><td><input type="checkbox"/></td><td>Deaf or Hard of Hearing Adult - English</td></tr> <tr><td><input type="checkbox"/></td><td>Deaf or Hard of Hearing Adult - ASL and English</td></tr> <tr><td><input type="checkbox"/></td><td>Late Deafened (After 18 years)</td></tr> <tr><td><input type="checkbox"/></td><td>Parent of Deaf or Hard of Hearing Child - ASL</td></tr> <tr><td><input type="checkbox"/></td><td>Parent of Deaf or Hard of Hearing Child - English</td></tr> <tr><td><input type="checkbox"/></td><td>Otolaryngologist or Audiologist</td></tr> <tr><td><input type="checkbox"/></td><td>Person Involved with Programs for Deaf or Hard of Hearing</td></tr> <tr><td><input type="checkbox"/></td><td>Private Provider of Services for Deaf or Hard of Hearing</td></tr> <tr><td><input type="checkbox"/></td><td>At Large</td></tr> </table>					<input type="checkbox"/>	Deaf-Blind Adult	<input type="checkbox"/>	Deaf or Hard of Hearing Adult - ASL	<input type="checkbox"/>	Deaf or Hard of Hearing Adult - English	<input type="checkbox"/>	Deaf or Hard of Hearing Adult - ASL and English	<input type="checkbox"/>	Late Deafened (After 18 years)	<input type="checkbox"/>	Parent of Deaf or Hard of Hearing Child - ASL	<input type="checkbox"/>	Parent of Deaf or Hard of Hearing Child - English	<input type="checkbox"/>	Otolaryngologist or Audiologist	<input type="checkbox"/>	Person Involved with Programs for Deaf or Hard of Hearing	<input type="checkbox"/>	Private Provider of Services for Deaf or Hard of Hearing	<input type="checkbox"/>	At Large
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Please answer the following questions in 300 words or less:

1. Why do you want to serve on the Commission?	
2. What do you understand to be the overarching purpose of Georgia's law for the Deaf and Hard of Hearing (HB 844-Act 462)?	
3. What is the most important area of concern for the adult DHH population in Georgia? What do you see as the Commission's role in addressing that concern?	
4. Have you had an past involvement with the Georgia Commission for the Deaf or Hard of Hearing? If so, in what capacity?	
5. What skills and background knowledge do you bring to the Commission that will benefit Deaf and Hard of Hearing persons across GA?	
6. The Commission is committed to being respectful and supportive of all communication options. How have you demonstrated this in the past and how will you show your support of this in the future?	
7. Please list any additional information you would like to share.	



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Commission Commitments. Please read and initial each requirement:

	I understand and accept the commitment requirements to be part of the Commission for a term of 3 consecutive years (with an option to renew for a second term).
	Minimum attendance of 3 out of the 4 quarterly Commission meetings (remote or in-person).
	Commissioners will be a member of 1 (preferably 2) of the committees as defined by the Deaf or Hard of Hearing Human Rights Strategy.
	I will abide by the Communication Policy.
	I will abide by the Social Media Policy.
	I will abide by and sign a Confidentiality Statement (will be signed once appointed to the Commission).

Signature:		Date:	
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Please return the completed application to (electronically or mail):

Email Address: lepsi@dhs.ga.gov

Mail Address: Georgia Commission for the Deaf or Hard of Hearing
c/o LEP/SI Program Manager
2 Peachtree Street NW, 29th Fl. Suite 103
Atlanta, GA 30303



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Communication Policy

This policy outlines basic directions to ensure that communication is accessible (i.e., everyone is able to fully participate in conversations) during in-person meetings and events.

- Don't assume that sign language interpreters are appropriate for all individuals who are Deaf/Hard of Hearing (DHH). Confer with the DHH individual for personal preferences regarding accessibility. Cueing transliterators and/or real time captioning should be offered and used whenever appropriate.
- Check to make sure there are no shadows or glare. Speakers should not stand in front of a window.
- Allow for turn taking during discussions. Raise your hand and wait to be called on before sharing.
- Make eye contact directly with others and avoid things (poles, columns, covering your mouth with your hand, etc.) that block a good view to your face. In larger groups, stand to speak/sign. Look at and communicate directly to one another when possible.
- If you know how to sign, feel free to sign for yourself when speaking to a DHH individual or in proximity of a DHH individual---even if they are not a part of the conversation. Rely on interpreters if you are not sign-fluent or if you are voicing for yourself, ensure the interpreter knows if s/he is needed before you begin.
- Allow for lag time for people using an interpreter. Interpreters typically finish signing several seconds after the speaker stops talking. A good rule of thumb is to wait until the interpreter has stopped signing before speaking allowing all participants equal opportunity to join the discussion.
- If there is a solo interpreter, remember to give the interpreter a break. Discuss this ahead of time with the interpreter to make sure this is factored into the presentation/meeting.

Confidentiality Policy

All information about children and families discussed during Committee Meetings must be kept confidential. Members should never discuss any child or family with other families, professionals, volunteers, or family or friends outside of the Committee work.

Social Media Policy

The use of social media expands our ability to communicate significantly and is a valuable tool in the work process and in building community and support for the work of the Stakeholder Advisory Committee. The wide ranging, and often unanticipated, results of social media use necessitate our responsibility to protect the members of the Committee as well as the families we serve. Committee Members should make reasonable efforts to respect the privacy of other members. However, it is not the goal of the Committee to regulate personal online activities when not on Committee time or property. Certain activities, however, might impact member working relationships or rights that we do reserve the right to regulate. The rules for what is communicated by means of social networking are the same rules that govern face to face exchanges and that reflect the values, norms, principles, and policies of appropriate public discourse.