



Referral to HLAA Nominating Committee– Board of Directors Prospects

The nominating committee of the Hearing Loss Association of America Board of Directors welcomes input concerning prospective candidates for director positions on the board. Friends of HLAA are encouraged to forward names of individuals who they believe merit consideration for being recruited for HLAA board service.

Please provide the information requested below regarding an individual you wish the nominating committee to consider for board service. Please use extra pages as necessary for your response. Thank you for your interest in the work of the Hearing Loss Association of America.

Please return this communication via email to board@hearingloss.org.

Please put in the subject line: HLAA Board Candidate.

Name of prospect	
Street address	
City, ST, ZIP	
Email	
Voice / text number	

Please describe your relationship with the individual you are recommending. How long have you known the individual and in what context (e.g., work, nonprofit volunteering, socially, family)? Please explain.

--

How is the individual connected with hearing loss? (Check all that apply.)

	Has personal hearing loss, uses hearing aids or cochlear implants
	Has personal hearing loss, untreated
	Parent of child(ren) with hearing loss
	Family member(s) have hearing loss
	Professional provider of services for people with hearing loss
	Other (please explain)

What experience does this individual have with the activities and work of Hearing Loss Association of America? Activities: Walk4Hearing, HLAA chapter affiliation, convention attendee, other volunteer activities. Please explain.

--

Why are you recommending this individual for HLAA board service? What particular elements of the individual's work and other experience and individual's personal qualities led you to think of him or her as a possible HLAA board member? How will his or her background benefit the work of the board in support of the goals and objectives of Hearing Loss Association of America?

--

Thank you for your interest in Hearing Loss Association of America.

Recommender's name	
Recommender's email	
Recommender's voice/text number	

Additional Notes:

--

Date	
------	--