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SPECIAL EDUCATION ADVISORY COMMITTEE (SEAC) APPLICATION FORM

(Please Print)

Name _____
(first) (last)

Address _____
(street / unit/apt) (city)

(prov/postal code)

Phone _____ (h) _____ (w)

Email: _____

VOICE Chapter _____

Please complete:

Are you a current member of VOICE for Hearing Impaired Children? Yes No

Are you eligible to vote for members of the school board? Yes No

Are you an employee of the school board you will participate in? Yes No

Do you live in the jurisdiction of the school board you will participate in? Yes No

(signature)

(date)

Thank you for your commitment to supporting students with hearing loss. Your contribution as a SEAC volunteer is invaluable!