

**UTAH STATE BOARD OF EDUCATION  
NOTICE OF VACANCY/CALL FOR NOMINATIONS**

<b>Name of committee:</b> Utah Schools for the Deaf and the Blind (USDB) Advisory Council
<b>Date nominations are due:</b> September 22, 2021
<b>Brief background of what the organization does and the reference in statute or rule establishing the organization:</b> Advise and make recommendations to the board, superintendent and associate superintendents regarding staffing, policies, enrichment funding approval and budget & operations of USDB.
<b>Who the group advises:</b> USDB Administration and students
<b>Number of vacancies/representations/terms:</b> 8 vacancies, 2 year term Vacancies include:  Parent of a blind student (1) vacancy
<b>Meetings (specific dates or how often the group meets, where, and for how long):</b> We meet every month on the 4 <sup>th</sup> Thursday excluding July and December.
<b>Other Information:</b>
<b>Contact for questions:</b> Tamara Flint (801) 629-4712
<b>Nomination and Bio Submission:</b> Fill out the attached application and send the application, along with other information requested, to Tamara Flint at <a href="mailto:tamaraf@usdb.org">tamaraf@usdb.org</a> .



# USDB

Utah Schools for  
the Deaf & the Blind

## Advisory Council for Utah Schools for the Deaf and the Blind

### COUNCIL MEMBER NOMINATION FORM

***PLEASE FILL OUT FORM COMPLETELY***

**PLEASE RETURN COMPLETED APPLICATION & DOCUMENTATION BY May 24, 2021**

#### 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](mailto: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.*



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**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
- Individual who has an interest 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 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](mailto:tamaraf@usdb.org)**