



Virginia Association of the Deaf Deaf Mother/Father of the Year Guidelines

Nomination Procedure

1. Nominations may be submitted by VAD Chapters or individual VAD members.
2. Nominees nominated by a VAD Chapter must be from that Chapter's region.
3. Whenever possible, nominations by VAD Chapters will be considered first before nominations by individual VAD members.
4. Each nomination must have a brief biography of the nominee; the biography must be prepared by the Chapter President or individual member who submitted the nomination.
5. The nomination and the biography must be submitted to the Chair of the Deaf Mother/Father of the Year committee by the deadline.
6. The Mother/Father of the Year Committee shall review the nominations and select the recipients.

VAD Responsibilities

1. VAD shall announce the recipients of the Mother and Father of the Year awards.
2. VAD shall be responsible for the 8" by 10" plaques to be presented to the recipients.
3. VAD shall work with the Chapter in planning a ceremony or reception for the recipients of the Mother and Father of the Year awards.

Chapter's Responsibilities:

1. The home Chapter of the recipient shall:
 - a. Plan and host an appropriate ceremony or reception to honor the recipient
 - b. Purchase a cake and flowers for the recipient
 - c. Send a press release to:
 - VAD President
 - VAD Secretary
 - d. Send a press release and a photo of the recipient to:
 - Local newspapers (e.g., The Washington Post, the Fairfax Journal)
 - Deaf newsletters (e.g., ideafnews.com)
 - VAD web master (www.vad.org)
2. The Chapter President shall check with the Chair of the Deaf Mother/Father of the Year committee about the 8" by 10" wooden plaque with inscription.
3. The Chapter shall inform the Committee Chair of the place, date, and time at least three weeks in advance, so as to give the Committee Chair enough time to prepare flyers for the ceremony/reception.
4. The place, date, and time of the ceremony or reception shall be announced to the VAD Board of Directors and other VAD Chapters at least 3 weeks in advance by the Committee Chair.
5. The Chapter President shall present the 8" by 10" plaque and flowers to the recipient during the ceremony or reception.
6. The Chapter shall be responsible for finding someone to take digital pictures of the ceremony/reception and send the photo files to the VAD web master.

Expenses:

1. VAD shall be responsible for the cost of the 8" by 10" wooden plaque with inscription.
2. The Chapter shall be responsible for the cost of the cake and flowers.

Deaf Mother/Father of the Year Guidelines

Note: The nomination procedure has been amended to nominate/award Father of the Year during the even years and Mother of the Year during the odd years.

Eligibility

A nominee for the Deaf Mother/ Father of the Year must meet all of the following criteria:

- Be Deaf.
- Be a mother/father of one or more children. The children may be biological, adopted, and/or foster. The children may be Deaf or hearing.
- Be a resident of the Commonwealth of Virginia.
- Be a positive role model for her/his children.
- Be actively involved in Deaf-related organizations or local civic affairs.
- Preferably, but not mandatory, be a member of the Virginia Association of the Deaf.

**VIRGINIA ASSOCIATION OF THE DEAF
DEAF FATHER OF THE YEAR AWARD
NOMINATION FORM**

The _____ Chapter of the Virginia Association of the Deaf (VAD) OR
I, _____, (pick one) an active member of the VAD
nominate _____ for Deaf Father of the Year. He meets all the
criteria as outlined in the guidelines.

Please strongly encourage EACH child, and the VAD Chapter to write a biography (or background) of the nominee and list reasons why the nominee should be the VAD Deaf Father of the Year. The Chapter must be sure to list the children's names, ages, and activities, and other factors that will help their father's nomination. Please include a color or black and white photo of the nominee.

Nominee's Full Name:

Nominee's address:

City, State, Zip Code:

VP: _____ E-mail: _____

Nominator's Full Name: _____ VAD Chapter: __ Individual: __

Nominator's address: _____

City, State, Zip Code: _____

VP: _____ E-mail: _____

**PLEASE RETURN THIS FORM BY _____
MAIL TO:**

Or you can email the attached form and photo to: _____
If you have any questions, please feel free to VP me at _____

**VIRGINIA ASSOCIATION OF THE DEAF
DEAF MOTHER OF THE YEAR AWARD
NOMINATION FORM**

The _____ Chapter of the Virginia Association of the Deaf (VAD) OR

I, _____, (pick one) an active member of the VAD

nominate _____ for Deaf Father of the Year. He meets all the criteria as outlined in the guidelines.

Please strongly encourage EACH child, and the VAD Chapter to write a biography (or background) of the nominee and list reasons why the nominee should be the VAD Deaf Father of the Year. The Chapter must be sure to list the children's names, ages, and activities, and other factors that will help their father's nomination. Please include a color or black and white photo of the nominee.

Nominee's Full Name: _____

Nominee's address: _____

City, State, Zip Code: _____

VP: _____ E-mail: _____

Nominator's Full Name: _____ VAD Chapter: __ Individual: __

Nominator's address: _____

City, State, Zip Code: _____

VP: _____ E-mail: _____

PLEASE RETURN THIS FORM BY _____

MAIL TO:

Or you can email the attached form and photo to: _____

If you have any questions, please feel free to VP me at _____