



Deaf Well Being Program Advisory Committee Application

To whom it may concern,

The goal of this application is to help us understand how you/your organization would be able to contribute to the Deaf Well Being Program and our desire to provide consistent, reliable and current services to the Deaf, Hard of Hearing and Deaf-Blind community and their families.

Organization/Individual Name: \_\_\_\_\_

What would your organization or yourself be able to offer to the WBP in terms of feedback and information from the community?

How much of a time commitment would your organization/you be able to give to us? For example, once a year for three hours; twice a year for two hours; monthly?

What issues or trends does your organization/you see within your client population?

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What issues would your organization/you be able to work with the WBP on? For example: an aging Deaf community; preventive care; child and youth services?

Would you prefer to have WBP staff present their work to you or have an information package sent beforehand and the meeting focuses on questions and feedback from the information package?

Your time and commitment to helping the WBP provide the best services possible is very much appreciated. Please email your responses to Kristen Pranzl, Program Coordinator at [Kristen.pranzl@vch.ca](mailto:Kristen.pranzl@vch.ca)

Thank you,

Kristen Pranzl and the WBP team

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