



**We are a volunteer organization and welcome your involvement.
Please complete the form below and join our efforts!**

Name: _____

Address: _____
Street City: State: Zip

E-mail Address: _____ Phone: _____

Employment Status:
 Employed F/T Employed P/T Unemployed/Retired Student

Education (highest level): _____

Do you have a hearing loss? Yes No
If yes, are you able to communicate on the phone? Yes Yes, but not easily No

Volunteer and/or work experience:

We are looking for volunteers with specific skills. Please check area(s) of interest.

Microsoft Office Website design/management Public Speaking Writing
 Public Relations Advocacy Fundraising Event planning
Other (specify) _____

Availability: Day(s) of week: _____ Time(s) of day: _____

Please indicate how you first heard of HLAA:
 Member Friend Audiologist HLAA Website Other (specify) _____

If you need more space to provide information, please write on the back of this form.

*Please return to Hearing Loss Association of America – New York City Chapter, P.O. Box 602,
Radio City Station, New York, NY 10101-0602.
If you have any questions, email info@hearinglossnyc.org.*