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 member.
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” plagues 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
      • 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.
Note: The nomination procedure has been amended to nominate/award Father of the Year during the even years and Mother of the Year during 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 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 Mother of the Year. She meets all the
criteria as outlined in the guidelines.

Please strongly encourage EACH child and/or the VAD Chapter to write a biography of
the nominee and list reasons why the nominee should be the VAD Deaf Mother of the Year.
The biography must be sure to list the children’s names, ages, and activities, and other
factors that will help their mother’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 _____________________________