# 🔀 The Ability Center

# **Board of Trustees Application Form**

Thank you for your interest in serving on The Ability Center's Board of Trustees. Please complete this form and email to bkuhr@abilitycenter.org or fax to 419-882-4813.

THE ABILITY CENTER of Greater Toledo 5605 Monroe Street Sylvania, OH 43560 419-885-5733 Toll Free 866-885-5733 Fax 419-882-4813 www.abilitycenter.org

Referral Source (If applicable):			
Applicant Name:			
Address:			
City:	_State:	_Zip:	
Number of years at current address:	_		
If less than five years, please provide previous address:			
Phone:	Cell:		
Email:			
Please describe why you would like to join our Board of Trustees:			
List your current employer and your job title. If retired, put your last employer/title:			
Employer:		Title:	
Please list current memberships to organization/community/civic affiliations and your role with each.			

## Which skills sets would you like to utilize while participating on the Board?

Board Development Strategic Planning Human Resources Financial Management Fundraising Program Development Marketing Development Volunteering

Please describe any other special interests or strengths that might be useful in serving on our Board:

What experience or knowledge do you have regarding disability culture, disability rights, or the Independent Living Movement? Any personal experiences that would make you a good Ability Center advocate? (Attach additional sheets if necessary).

As a Center for Independent Living, we are required that our Board be made up of over 51% persons with disabilities. Do you have a disability? Yes No

### **Board Terms/Participation:**

Board members are expected to prepare for, attend, and conscientiously participate in Board meetings.

Board members are expected to responsibly represent The Ability Center to their respective communities and to advocate for ACT's mission, programs, and services as appropriate.

ACT Board Members will serve a three-year term, after which they are eligible for re-appointment for additional terms.

### **Board Acknowledgement:**

The information provided on this application is true and complete to the best of my knowledge. I authorize The Ability Center to verify the information provided on this application and to conduct a public records search to secure criminal and character information regarding me.

I understand that as a Board member, The Ability Center would not provide any compensation for my services.