



# The Ability Center

THE ABILITY CENTER  
of Greater Toledo  
5605 Monroe Street  
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419-885-5733  
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## 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](mailto:bkuhr@abilitycenter.org) or fax to 419-882-4813.*

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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

