

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 ljustice@abilitycenter.org or fax to 419-885-4813.

Referral Source (If applicable): _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

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 ACT 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

Employer: _____ Title: _____

Other community/civic involvement (if not already noted above): _____

Summary of special interests or strengths that might be useful in serving on our Board:
