



The Ability Center

THE ABILITY CENTER
of Greater Toledo
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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 ljustice@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.

