



## Board of Directors Candidate Application

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
First MI Last Familiar name

### Residence

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Employer

Name \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Primary service(s) and area/population served \_\_\_\_\_

Preferred method of contact: ( ) Work ( ) Residence

**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization

Role/Title

Dates of Service

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Education/Training/Certificates

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**Optional** – Have you received any awards or honors that you'd like to mention?

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How do you feel CILO would benefit from your involvement on the Board?

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**Skills, experience and interests** (Please circle all that apply)

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Community service

Policy development

Program evaluation

Public relations, communications

Education, instruction

Special events

Grant writing

Fundraising

Outreach, advocacy

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of CILO.

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Please tell us about your experience with people with disabilities and/or disability issues.

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**Please return to CILO:**

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