



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

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

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

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

Finance, accounting	Education, instruction
Personnel, human resources	Special events
Administration, management	Grant writing
Nonprofit experience	Fundraising
Community service	Outreach, advocacy
Policy development	Other _____
Program evaluation	Other _____
Public relations, communications	Other _____

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

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

**Please return to CILO:
Email: rfestenstein@ciло.net
Fax: 513.241.1707
Mail: 2031 Auburn Avenue, Cincinnati, OH 45219**