## LUCAS COUNTY GUARDIANSHIP SERVICES BOARD

APPLICATION FOR VOLUNTEER TRUSTEE APPOINTMENT

LUCAS COUNTY PROBATE COURT,

700 ADAMS ST. SUITE 200,

TOLEDO, OHIO, 43604

NAME OF APPLICANT:			
First	Mide	lle	Last
ADDRESS:			
Street	City/State		Zip Code
TELEPHONE:			
Work	Fax		Home
EMAIL ADDRESS:			
Have you, your spouse, or any of your child Probate Judge's Campaign fund and/or the Mental Health and Recovery Services Boa years?	Lucas County Boar	d of Developm	nental Disabilities' and/or the
		No	Yes□
Have you, a business in which you have a member, received a contract for goods or a Board, Probate Court, Board of Developm Board?	services within the la	st 5 years from	n the Guardianship Services
If yes, please disclose the nature, duration		No□	Yes□
Are you related to any current employee o	f Lucas County:	No□	Yes
If yes, give name and position:			
Are you related to any member of the Boar Services Board and/or Guardianship Servic		Disabilities, M No□	ental Health and Recovery Yes□
Are you related to any employee of Proba Recovery Services Board, and/or the Gua			Disabilities, Mental Health and
	-	No□	Yes□
Do you serve on any other public or not-fo If yes, please identify:		No□	Yes□
Are you a defendant or plaintiff in any per board?	nding civil law suits	that could imp No□	act your service on this public Yes $\Box$
If yes, please identify:			

Have you ever been convicted of a violation of any law, other than minor traffic offenses?				
	No	Yes□		
If yes, please provide details:				
Have you or an immediate family member of	war carved as a quardian?			
The you of an infinedrate family member of	No	Yes□		
Have you or an immediate family members ev	er been a ward of a probate court appoi	nted guardian?		
The very sou of an infinite date failing includes ev	No	Yes		
EDUCATION:				
High School	Date of Graduation			
Post-High School Education	2			
MILITARY HISTORY:				
Branch of Service				
Discharge Date				
Highest Rank				
EMPLOYMENT HISTORY:				
Present or last employer				
Your title/duties				
Tour title/duties				
Dates of Employment				
Previous employment (list employers, posit				
<b>REFERENCE:</b>				

(List three persons not related to you who you have definite personal knowledge of your qualifications for this position)
Name
Address
Telephone

## **STATEMENT:**

Please provide a brief statement as to why you feel you are qualified for this appointment. If you are seeking re-appointment, please indicate what your contributions have been to the committee/commission during the time of your service. For re-appointment, please state your meeting attendance history.

Please include any other information here that you feel would be of importance to the appointing authorities in the selection process.\_\_\_\_\_

Are you aware of any circumstances that exist or c appearance of a conflict of interest if you are appo		conflict of interest or the
	No	Yes□
If yes, please explain:		

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements will void this application and any actions based on it.

SIGNATURE OF APPLICANT	DATE
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Please submit completed applications and resumes via email to info@lucas-co-probate-ct.org or by mail to the care of Acting Court Administrator Sue Braithwaite at Lucas County Probate Court, 700 Adams St. Suite 200, Toledo, Ohio, 43604.