

Lucas County Guardianship Services Board

Application for General Board Membership

Hello! On behalf of the Lucas County Guardianship Services Board (GSB), I would like to thank you for applying to our general board. General board membership is determined by the appointee members. We look forward to reviewing your application. Please email your completed application to CConlan@co.lucas.oh.us.

Personal Information:

Name	
Address	
Phone number	
Email Address	

Have you, your spouse, or any of your children under the age of 18 made a contribution to the following entities and/ or campaign funds associated with personnel from these entities:

Entity	Yes	No
Lucas County Guardianship Board		
Lucas County Probate Court		
Lucas County Mental Health Recovery Services Board		
Lucas County Board of Developmental Disabilities		
Lucas County Commissioners		

If you answered yes to any of the above, please explain:

Have you, your spouse, or any of your children under the age of 18 made a contribution to any of the current board members of LCGSB and or their immediate family? If so, please explain.

Are you a current employee or have you been employed by the following:

Entity	Yes	No
Lucas County Guardianship Board		
Lucas County Probate Court		
Lucas County Mental Health Recovery Services Board		
Lucas County Board of Developmental Disabilities		
Lucas County Commissioners		

Are you related to any current employee of Lucas County? ____yes ____no. If so, please share the person's name and employment position _____.

Do you serve on any other public or not- for profit boards? ____yes ____no.

If yes, please explain:

Are you a defendant or plaintiff in any pending civil lawsuits that could impact your service on this public board? If yes, please explain:

Have you ever been convicted of a violation of any law, other than minor traffic offenses? If yes, please explain?

Background:

Highest level of education:

Degree	
Date	
Institution	

Employment:

Current or Past Employer	
Title/ Duties	
Date of Employment	
Past Employers:	
Employer:	
Title:	
Date of Employment	

References:

Please list 3 references

Name	Contact Phone number/ email address	Relationship

Applicant Qualifications:

Why do you want to serve on LCGSB? What experiences, qualifications, and/ or training do you have that you will use to assist the LCGSB in its mission?

Have you ever served as a legal guardian? _____ yes _____ no. If so, for how long and what has your experience been like?

Would there be any item of concern that could be viewed as a conflict of interest if you were to be accepted as a general board member?

By signing this application:

I give permission for LCGSB to contact my references.

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.

Signed: _____

Date: _____