To: Matt Cherry, President and Members of City Council

From: Wade Kapszukiewicz, Mayor

Subject: Appointment to the Toledo-Lucas County Commission on Disabilities

5/15/2018

I Recommend the Following Appointment to the Toledo-Lucas County Commission on Disabilities

			Section 61 waiver as a				
			special	Reserved	Slot Recommended by	Attendance	Resume
Appointee	Appointee Replaced	Proposed Term of Office	engagement	/ Type	(if applicable)	Record	attached
Shannon Bova	Vern Williams	3 years, until 02/28/2021					

Wade Kapszukiewicz

Mayor



Eligibility Requirements:

Personal Information:

City of Toledo

Application for a Public Volunteer Committee, Commission, Board or Agency Appointment One Government Center, Suite 2200 Toledo Oh, 43604



Please use this form to express your interest in serving on a particular committee, commission, or board. You may attach additional material if you wish. For information on vacancies and committee/commission/board bylaws, please visit the City's <u>website</u>. Please note that applications are kept on file for a minimum of six months. The Mayor makes appointments at the regular meeting of City Council prior to the expiration of a current seat. Completed Applications are part of the public record and are available for public review under applicable local, state, and federal public record laws.

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Are you a resident of the City of Toledo?*	Yes						
•	O No						
1	O No						
Do you currently owe on any monetary	○ Yes						
obligation to the City of Toledo?	No						
* According to the City Charter, except for special engagements by authority of Council, each member appointed by the Mayor must be a resident of the City of Toledo.							
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Name of Board(s) or Committee(s):							
☐ Toledo Blight Authority							
Ottawa/Jermain Park Advisory Board							
☐ Toledo Parks and Recreation Advisory Board							
☐ Walbridge Park Advisory Board							
☐ Civilian Police Review Board							
Other* Chap. 142, Commission on Disabilities							
* Please see Toledo Municipal Code							

Name of Applicant:					
Shannon Bova					
Home Address:					
3518 Beechway Blvd., Toledo, OH 43614					
Telephone Number:					
419-704-4132					
Alternate Phone Number:					
419-725-2285					
E-mail address:					
sbova@sunshine.org					
Occupation	Business:				
Director, Donor Relations	Sunshine Communities				
Business Address:	Phone Number:				
7223 Maumee Western Road, Maumee, OH	419-865-0251				
Are you currently serving, or have you served on any City Committee, Commission, Board or Agency? If so, please list and give approximate dates. Currently serving on Board for Mended Little Hearts of Northwest Ohio as Lead Coordinator, October 2015-Present					
Education/Credentials:					
Bachelor's Degree in English and minor in Sociology from Bowling Green State University, Graduation: May 2005; Bowsher High School, Graduation: May 2001					
Professional activities that relate to this board/committee:					
Currently Director of Donor Relations at Sunshine Communities, an organization that supports men, women, and children with intellectual and developmental disabilities.					

กับ (1) ครับ (1) Community activities that relate to this board/committee:

Lead Coordinator for Mended Little Hearts of Northwest Ohio, a support group for families with children with congenital heart defects. Due to severe illnesses, many of the children a part of this group have developmental disabilities.

Why are you interested in serving on this board/committee?

I am the proud mother to a 6-year-old boy with developmental disabilities. My son is 100% non-verbal, has severe heart and lung disease, sensory processing disorder, and Autism. I've spent his entire life as his voice and advocating for him. Working at Sunshine Communities among hundreds of individuals with DD has also brought me more joy than ever imaginable.

What talent or experience would you bring to the board/committee?

I've spoke on a number of occasions on behalf of the local chapter of the American Heart Association, spreading heart disease awareness, and for Make-A-Wish. I bring a great deal of public relations experience, speaking on behalf of those who may be unable.

Any other information that you want to provide the Mayor?

Being the parent of a child with special needs was never something I imagined would happen to me. I didn't picture that kind of future. But now that I'm living it every minute of every day, I can't image my life any other way and have truly found my purpose in life. And that's to advocate for my son and for all with disabilities.

Are you involved in any personal, professional, or business pursuit that would affect your ability to make fair and impartial recommendation as a member of a City advisory board or committee?

Yes

No

Please return this form with any attachments to:

E-mail: mayor@toledo.oh.gov

Fax: 419-245-1370

Mail: City of Toledo Mayor's Office, One Government Center Ste. 2200, Toledo, OH, 43604