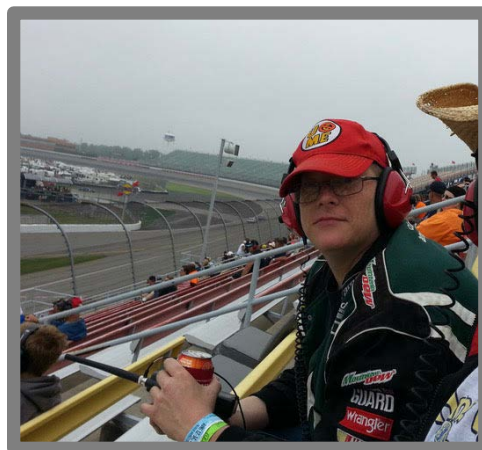


## Independent Facilitator Biography Form

1. **Name:** Robert Hosler
2. **Phone Number(s):** Cell: 231-683-8504
3. **Email Address:** rhoslerjr83@gmail.com
4. **Organizational Membership or Affiliations:**  
The Arc of Muskegon
5. **Specific areas of expertise:** Self-determination,  
Community living



6. **What unique attributes do you bring to your role as an independent facilitator?**

I like helping people out.

7. **Why do you want to serve as an Independent Facilitator?**

To help people with disabilities understand things better

8. **Accommodations**

- a. Are you fluent in languages other than English?  YES  NO
- b. Do you need any accommodations to facilitate your role as a Facilitator?  YES  NO

9. **Times of day and geographic locations for which you are available to facilitate:**

Mornings or afternoons in Muskegon County

10. **Virtual Facilitation: Do you have a computer, tablet, or smartphone with internet access?**  
 YES  NO

### Level of Competency: I (Trained)

Level 1: Independent Facilitator has completed the Independent Facilitator training provided by the Michigan Developmental Disabilities Institute at Wayne State University.