



BOARD OF DIRECTORS  
APPLICATION FOR MEMBERSHIP

---

---

Today's Date: \_\_\_\_\_

**I. Information About Me**

My Name: \_\_\_\_\_

My Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**II. How I Spend My Time**

Name of My Employer,  
Day Program, or Volunteer Job: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Days I Work or Attend a Program: \_\_\_\_\_

My Daily Work or Activities Include: \_\_\_\_\_

**III. My Interests**

I am a member of the following community organizations (such as CAC,

People First, Self Advocacy, Tenant or Homeowner Association, Professional or Interest Group):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The special interests, skills, or hobbies that I have that could help the Board of Directors and the people that the Regional Center serves are:

---

---

#### **IV. My Background**

Please check the appropriate box below and circle the pertaining category.

Do you or any member of your family have a developmental disability?

- No  
 Yes, (please circle one of the below)

Autism                      Cerebral Palsy                      Epilepsy                      Mental Retardation

Other \_\_\_\_\_

To help assure that all people served by San Andreas Regional Center are represented on the Board of Directors, please circle one or more of the following choices that best describes your ethnicity:

African American                      American Indian                      Asian                      Caucasian

Hispanic                      Other: \_\_\_\_\_                      Decline to State

Please circle the highest level of education that you have completed:

High School / General  
Education Degree (GED)

College

Graduate School

My school interest or area of study is/was: \_\_\_\_\_

**V. Being a Board Member**

I want to be a member of the San Andreas Regional Center Board of

Directors because: \_\_\_\_\_

Please check one of the following:

- I have NEVER served on a board of a community group or organization.
- I HAVE served on the board of the following community group(s) or organizations: \_\_\_\_\_

**VI. Conflict of Interest**

To help us assess potential conflicts of interest, please tell us if you or any member of your family are associate with or employed by any of the Regional Center vendors or service providers. Please check one of the following and provide details if you check "Yes".

- No
- Yes, \_\_\_\_\_

\_\_\_\_\_

## VII. References

Please provide the following information for two people who know you well.

PERSONAL REFERENCE (Example: friend, family member, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Best Time to Call \_\_\_\_\_

PROFESSIONAL REFERENCE (Example: employer, volunteer supervisor, etc.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Best Time to Call \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant