

Application for Board Membership

Date:
Personal Information: Name:
Home Address:
Phone/E-Mail Address:
Work Name/Address:
Phone:
Education/Training:
Personal Relationships to specific disability [if you are a consumer or a relative/guardian of a consumer] Check all that apply to your association: Individual with Intellectual Disability [ID] Individual with cerebral palsy Individual with autism Individual with epilepsy Other:
Geographical Representation [indicate where you live]: ☐ Alameda County ☐ Contra Costa County

Community Representation:

By State law, regional center Boards must reflect the population mix of the communities they represent. We would appreciate your voluntary response to the following questions:

Ó	ou able to represent an ethnic community viewpoint? Yes please describe)
(II yes,	please describe)
	No
-	ou a person with a developmental disability? Yes
(if yes,	please describe)
	No
you:	Finance Legal Developmental Disability program skills Public Relations Labor Relations Consumer Advocacy Community Organization Management Program Evaluation Education/Special Education Social Work/Counseling Medical/Health Care Professional
	Other

Community Activities (please describe other community service involvement):
Why are you interested in becoming a member of the Board of Directors for the Regional Center of the East Bay?
Personal references (please provide two names):
Name:
Address:
Phone:
Name:
Address:
Phone:
Board Applicant Signature:

Office Use, do not write below this section:

Membership/Personnel Committee Disposition Date application reviewed: Invite for interview by Committee on: References/comments: Recommendation of Committee: ☐ No vacancies on Board; place in applicant pool ☐ Board vacancy requires specific representation/experience □ Recommend applicant to Board at ______ Board meeting ☐ Applicant nominated to Board on _____ ☐ Applicant not nominated to Board ☐ Effective Date of appointment **NOTES:**