



# San Andreas Regional Center

## People Advisory Committee (PAC)

### Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_

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

Who is your San Andreas Service Coordinator: \_\_\_\_\_

Do you work and if so where and what days: \_\_\_\_\_

Do you live with family, on your own, or in a residential home: \_\_\_\_\_

Do you attend a day program or school and if so which one: \_\_\_\_\_

Why do you want to serve on the People Advisory Committee?

Area(s) of Special Interest (what do you like doing)

Signature: \_\_\_\_\_