



BOARD APPLICATION COVER PAGE

San Andreas Regional Center Board of Directors is made up of volunteers from all areas of the community. Board members play an important role in providing policy leadership and oversight for our organization. Our Regional Center's Board of Directors not only helps keep San Andreas connected to the community, but is responsive to its needs as well.

Application Directions:

If you need help filling out the attached application or if you have questions about the application, please call the Administrative Assistant/Board Secretary at 408-341-3826. A resume may be included with completed applications but it is not a requirement. After you complete this form, please return it to the Regional Center by mail, fax, email, or in person (Please see the box below).

Conflict of Interest:

It is important that no conflict of interest exists between you as a potential board member and your other existing roles and responsibilities. The details of the above are contained in section 4626 of the Welfare and Institutions Code of the State of California. If you would like to request a copy of this section, please contact the Executive Administrative/Board Secretary (Please see the box below).

Required Information for the Centers for Medicare and Medicaid Services (CMS)

Should you be selected as a Board member you will need to submit: Full name, date of birth, complete social security number and home address. Failure to comply will make you ineligible to be a San Andreas Regional Center Board member.

Telephone Number	Address	Email	Fax Number
408-341-3826	Board Development Committee San Andreas Regional Center 6203 San Ignacio Ave. Suite 200 San Jose CA. 95119	lgonzalez@sarc.org	408-281-6967

SAN ANDREAS REGIONAL CENTER does not and will not tolerate discrimination against applicants or employees on the basis of AGE, ANCESTRY, COLOR, MARITAL STATUS, MENTAL OR PHYSICAL DISABILITY, PREGNANCY, GENTIC INFORMATION, NATIONAL ORIGEN, RACE, RELIGION, CREED, SEX, SEXUAL ORIENTATION, MEDICAL CONDITION, DISABLED, VETERAN, OR VETERAN STATUS, ETC.



BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP

Today's Date: _____

I. Personal Information

My Name: _____

My Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number

Cell Phone Number

() _____ - _____

() _____ - _____

Email Address: _____

II. How I Spend My Time

Name of Employer: _____

Day Program or Volunteer Job: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number () _____ - _____

Days I Work or Attend a Program:

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My Daily Work or Activities Include:

III. My Interests and/or Skills

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

III. My Background

Please check the appropriate box below.

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

- No
- Yes (please choose below)
- Autism Cerebral Palsy Epilepsy Intellectual Disability

Other _____

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

- African American American Indian Asian Caucasian
- Hispanic Other _____ Decline to State

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

- High School / GED College / University
- Graduate School Vocational / Business

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 the 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 assure potential conflict of interest, please tell us if you or any member of your family are associated 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

Details if "Yes" is checked _____

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 _____ Relationship _____

Complete Address _____

Phone Number () _____ - _____ Best Time to Call _____

Signature of Applicant _____ Date _____

For Internal Use Only

Birthday _____

Social Security Number _____