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.

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Address</th>
<th>Email</th>
<th>Fax Number</th>
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</thead>
</table>
| 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IV. 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: *(Per the changes in the 2020 Census)*

*Hispanic or Latino*

□ White □ Black or African American □ American Indian □ Asian

□ Other ________________________ □ Decline to State

*Not Hispanic or Latino*

□ White □ Black or African American □ American Indian □ Asian

□ 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 on of the following and provide details if you check “Yes”:

☐ No

☐ Yes

Details if “Yes” is checked ________________________________

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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 ______________________________