

Valley Mountain Regional Center
P. O. Box 692290
Stockton, CA 95269-2290
Board Member Information/Application
(Confidential)

Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Cell Phone _____ Email Address _____

Employer _____ Work Phone _____

Business Address _____ City _____ Zip _____

Occupation _____ Where Do You Want Your Mail Sent _____

Spouse's Name _____ Ethnic Background (Optional) _____

Are you a: (Please check one)

- Person with a developmental disability
- Parent or legal guardian of a person with a developmental disability
- Representative of the general public

If you are a person with a developmental disability or the parent or legal guardian of a person with a developmental disability, please indicate type of disability (e.g., mental retardation, autism, cerebral palsy, epilepsy, other) _____

How did you develop your interest in or knowledge of developmental disabilities? (Describe your employment, education or other activities which demonstrate your interest or knowledge)

Do you have any of the following special skills? If so, please check and describe more fully below.

- Legal Skills
- Public Relations Skills
- Management Skills

Membership in associations, service clubs, social clubs, professional organizations:

Offices held:

Membership and offices held on other boards:

Hobbies and special interests:

Are you currently employed by an organization providing service to people with developmental disabilities? Yes No If yes, please explain _____

Are you a member of the governing board of any organization providing service to people with developmental disabilities? Yes No If yes, please explain _____

I understand that a background check will be performed if I am chosen as a Valley Mountain Regional Center Board Member.

I am willing to serve and have attached a statement saying why I wish to serve on the Board and why I believe I am qualified:

Signed: _____ Date: _____

Please return completed form **by Friday, April 1, 2011** to:

Jan Maloney
Valley Mountain Regional Center
P. O. Box 692290
Stockton, CA 95269-2290
OR fax to (209) 955-3223
janmaloney@vmrc.net

If you have questions, please call: (209) 955-3248