

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)

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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

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

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Offices held:

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Membership and offices held on other boards:

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Hobbies and special interests:

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

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

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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 March 5, 2010** to:

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

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