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 mail completed form **by Friday, May 22, 2015** to:

Jan Maloney
Valley Mountain Regional Center
P. O. Box 692290
Stockton, CA 95269-2290

OR fax to (209) 955-3223
OR email to janmaloney@vmrc.net

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