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 Addre	ss	
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 developmenta Parent or legal guardian of a Representative of the general If you are a person with a devewith a developmental disability, cerebral palsy, epilepsy, other)	person with a develo al public lopmental disability or please indicate type o	the parent or legal g of disability (e.g., me	ntal retardation, autism,
How did you develop your inter employment, education or othe			
Do you have any of the following below. Legal Skills Public Membership in associations, see	c Relations Skills [Management Skill	S
Offices held:			

Membership and offices held on other boards:			
Hobbies and special interests:			
Are you currently employed by an ordinabilities? ☐ Yes ☐ No	ganization providing service to people with developmental If yes, please explain		
developmental disabilities?	board of any organization providing service to people with S		
I understand that a background chec Regional Center Board Member.	ck will be performed if I am chosen as a Valley Mountain		
I am willing to serve and have attach why I believe I am qualified:	ned a statement saying why I wish to serve on the Board and		
Signed:	Date:		
Please mail completed form to:			
	VMRC Board of Directors Nominating Committee Valley Mountain Regional Center P. O. Box 692290 Stockton, CA 95269-2290		

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