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	Ema	il Address	
Employer		Work Pho	ne
Business Address _		City	Zip
Occupation	_	Where Do You Want You	ır Mail Sent
Spouse's Name		_ Ethnic Background (Op	tional)
Are you a: (Please	check one)		
	velopmental disability uardian of a person with a of the general public	developmental disability	
with a development	with a developmental disa al disability, please indica lsy, epilepsy, other)	te type of disability (e.g., i	
	p your interest in or know tion or other activities whi		isabilities? (Describe your rest or knowledge)
Do you have any of below. ☐ Legal Skills	the following special skills	_	•
Membership in asso	ociations, service clubs, se	ocial clubs, professional o	rganizations:
Offices held:			

Membership and offices held on other boards:				
	rganization providing service to people with developmental If yes, please explain			
	board of any organization providing service to people with S No If yes, please explain			
I understand that a background che- 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:				
	Doug Bonnet Special Assistant to the Executive Director Valley Mountain Regional Center P. O. Box 692290 Stockton, CA 95269-2290			

OR fax to (209) 478-3539 OR email to DBonnet@vmrc.net