

ALTA CALIFORNIA REGIONAL CENTER
APPLICATION FOR MEMBERSHIP
FAMILY ADVISORY COMMITTEE
TO THE BOARD OF DIRECTORS

The following information will be used by the committee chairperson and the appointed board members to make selections for the Family Advisory Committee. All information will be held in strict confidence. If you have questions, please contact Lisa West at (916) 978-6245.

FULL NAME (please print): _____

ADDRESS: _____

COUNTY: _____ ZIP: _____

PHONE: DAYTIME: () _____ EVENING: () _____

FAX: () _____ E-MAIL: _____

WHY DO YOU WANT TO BECOME A MEMBER OF THIS COMMITTEE?

PLEASE LIST ANY SPECIAL SKILLS YOU HAVE THAT WOULD HELP MEET THE PURPOSE OF THIS COMMITTEE.

WHAT DO YOU THINK ARE THE MOST IMPORTANT ISSUES THAT SHOULD BE ADDRESSED BY THIS COMMITTEE?

HOW ARE YOU RELATED TO THE CONSUMER? _____

CONSUMER'S DIAGNOSIS _____

CONSUMER'S AGE: _____

COUNTY WHERE CONSUMER LIVES: _____

CONSUMER'S ETHNICITY: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

ANY ADDITIONAL INFORMATION, PLEASE USE OTHER SIDE.

Please mail or deliver completed application to Alta California Regional Center, 2135 Butano Drive, Sacramento, CA 95825, Attention: Lisa West.