

ALTA CALIFORNIA REGIONAL CENTER
Application for Appointment to the Board of Directors

The Alta California Regional Center Board (ACRC) of Directors is made up of volunteers from the geographic area served by ACRC. Board members play an important role in providing policy leadership and oversight for ACRC. One purpose of our Board is to keep ACRC connected to its community and responsive to the community's needs.

The Lanterman Act, which established the regional center system, has requirements for Regional Center Boards; some information requested in this application is necessary pursuant to that legislation. The Lanterman Act's relevant provisions are found in the Welfare and Institutions Code, sections 4622 and following.

**If you are a client of ACRC and you would like help in completing this application, please feel free to contact your Alta Service Coordinator for assistance.*

I.

A. Name: _____

B. County of Residence: _____

C. Residence Address: _____

D. Mailing Address (if different): _____

E. Daytime Phone Number: _____

F. Evening Phone Number: _____

G. Cell Phone: _____



Please indicate with an asterisk () the preferred phone number to reach you*

H. Email: _____

I. Employment/Occupational Status

full time part time retired

day program not currently working

other (Please explain): _____

J. Employer: _____

Public Private Non-profit

K. Position: _____

L. Spouse's Employer: _____

M. Position: _____

N. Your Educational Background: _____

O. Your Professional or Occupational Background: _____

P. Have you ever been convicted of a felony? Yes No

If the answer is yes, please provide dates, jurisdiction, conviction details, and other relevant information: _____

(An affirmative answer to this question does not necessarily disqualify an applicant from ACRC Board service)

II.

A. How did you develop an interest in or knowledge of developmental disabilities?
(Describe your employment, education, personal circumstances or other activities which demonstrate your interest or knowledge)

B. Areas of Expertise You Would Bring to the ACRC Board (Check All that Apply):

- Accounting /Financial Administration/Management
 Client Advocacy Developmental Disability Program Skills
 Education Law Local Agency Representative
 Public Relations Self-Advocacy
 Vendor/Provider Client Advisory Committee
 Other (Please Explain) _____

Please provide a brief explanation of each category that you checked above:

C. Please list all current and recent (last 5 years) memberships in associations, service clubs, social clubs, occupational groups, professional organizations, and developmental disability affiliations. _____

1. Please list all offices and other positions of responsibility you have held in the groups or organizations listed above. _____

III.

- A. Demographics (Check All that Apply):
- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | | |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Asian | <input type="checkbox"/> African American | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American | <input type="checkbox"/> White | |
| <input type="checkbox"/> Other (Please specify) _____ | | | |

B. Are you a Client of the Regional Center? Yes No

If the answer is yes:

1. If you become an ACRC Board member, will you require transportation?
 Yes No
2. Will you require facilitation (assistance) in preparing for and participating in meetings?
 Yes No

C. Are you a relative, conservator or guardian of a Client of the Regional Center?

Yes No

If the answer is yes:

1. What is the relationship? (Please describe) _____
2. What is the age of the client with whom you have the relationship? _____

D. If you are a Client or have a relationship to a Client as described above, please check all that apply to the client:

- Autism Cerebral Palsy Epilepsy
- Intellectual Disability (formerly described as Mental Retardation)
- Other (Please specify) _____

E. If you are a Client or have a relationship to a Client as previously described, please designate the residence category:

- Independent Living Family Home Supported Living
- Licensed Care Home Developmental Center
- Other (Please specify) _____

F. Do you have prior membership on a regional center Board? Yes No

If the answer is yes:

1. Please provide regional center's name: _____

2. Please provide the years of service and offices held? _____

G. Are you or is any member of your family an employee or Board member of any business entity that provides services to clients served by any regional center?

- Yes No

1. If the answer is yes, please explain: _____

H. Are you or is any member of your family an employee or a member of the State Council on Developmental Disabilities/Area Board? Yes No

1. If the answer is yes, please explain: _____

I. Are you or any member of your family employed by the State Department of Developmental Services (DDS) or any state or local agency that provides services to regional center Clients? Yes No

1. If the answer is yes, please explain: _____

IV.

A. How did you hear about the ACRC Board of Directors? _____

B. Please describe why you would like to serve on the ACRC Board. _____

1. Have you had personal experiences with members of the ACRC Board or ACRC employees? _____

2. Is there anything you have seen or experienced that, in your opinion, should be improved or changed at ACRC? _____

3. Is there anything you would like to favorably comment on regarding ACRC?

V.

Please provide the name, address and phone numbers of two references (personal or professional):

Reference #1

Name: _____

Address: _____

Phone: _____

Reference #2

Name: _____

Address: _____

Phone: _____

Please completely answer all of the above questions; attach extra sheets of paper as needed and reference your additional answers with the numerical/alphabetical question to which it responds. All information will be kept confidential.

Under the Lanterman Act, you understand that you may serve as a Board member for seven out of eight years; ACRC offers two, two-year terms and a three-year term.

You are welcome to submit a resume or additional statement as to your interest and qualifications in participating in the ACRC Board of Directors.

Each statement I have provided to ACRC in this application and any accompanying documents and/or attachments is true and correct. I understand on submission of this signed application that this information is subject to verification; if a factual statement made by me is found to be inaccurate, and in the judgment of the ACRC Board it is material, it is a basis for immediate termination of my Board membership.

Applicant Signature: _____

Date: _____