



GOLDEN GATE REGIONAL CENTER, INC.  
 BOARD OF DIRECTORS  
 APPLICATION FOR MEMBERSHIP

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 HOME ADDRESS

\_\_\_\_\_  
 HOME PHONE

\_\_\_\_\_  
 CELL PHONE

\_\_\_\_\_  
 EMAIL ADDRESS

\_\_\_\_\_  
 EMPLOYER

\_\_\_\_\_  
 WORK ADDRESS

\_\_\_\_\_  
 WORK PHONE

\_\_\_\_\_  
 EMAIL ADDRESS

\_\_\_\_\_  
 POSITION/TITLE

\_\_\_\_\_  
 AGE(S) OF CHILD (CHILDREN) WITH DD

DIAGNOSIS: (PLEASE CHECK ALL THAT APPLY)

- \_\_\_\_\_ AUTISM
- \_\_\_\_\_ CEREBRAL PALSY
- \_\_\_\_\_ EPILEPSY
- \_\_\_\_\_ MENTAL RETARDATION
- \_\_\_\_\_ CONDITION CLOSELY RELATED TO MENTAL RETARDATION

- I AM: \_\_\_\_\_ A CLIENT OF A REGIONAL CENTER
- \_\_\_\_\_ A PARENT OF A REGIONAL CENTER CLIENT
- \_\_\_\_\_ A GRANDPARENT OF A REGIONAL CENTER CLIENT
- \_\_\_\_\_ A SIBLING OF A REGIONAL CENTER CLIENT
- \_\_\_\_\_ OTHER FAMILY OF A REGIONAL CENTER CLIENT
- \_\_\_\_\_ A GUARDIAN OF A REGIONAL CENTER CLIENT
- \_\_\_\_\_ A CONSERVATOR OF A REGIONAL CENTER CLIENT
- \_\_\_\_\_ A CONCERNED CITIZEN

- I AM: \_\_\_\_\_ ASIAN
- \_\_\_\_\_ AFRICAN AMERICAN
- \_\_\_\_\_ CAUCASIAN
- \_\_\_\_\_ LATINO
- \_\_\_\_\_ OTHER

- CLIENT RESIDES: \_\_\_\_\_ INDEPENDENTLY
- \_\_\_\_\_ IN THE FAMILY HOME
- \_\_\_\_\_ IN OUT-OF-HOME PLACEMENT
- \_\_\_\_\_ IN A STATE DEVELOPMENTAL CENTER

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ARE YOU OR IS ANY MEMBER OF YOUR FAMILY AN EMPLOYEE OR BOARD MEMBER OF ANY BUSINESS ENTITY THAT PROVIDES SERVICE TO A REGIONAL CENTER CLIENT? \_\_\_\_\_ YES \_\_\_\_\_ NO (IF YES, PLEASE DESCRIBE)

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ARE YOU OR IS ANY MEMBER OF YOUR FAMILY AN EMPLOYEE OR A MEMBER OF THE STATE COUNCIL OR AN AREA BOARD? \_\_\_\_\_ YES \_\_\_\_\_ NO (IF YES, PLEASE DESCRIBE)

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ARE YOU OR IS ANY MEMBER OF YOUR FAMILY AN EMPLOYEE OF THE STATE DEPARTMENT OF DEVELOPMENTAL SERVICES OR ANY STATE OR LOCAL AGENCY THAT PROVIDES SERVICE TO A REGIONAL CENTER CLIENT? \_\_\_\_\_ YES \_\_\_\_\_ NO (IF YES, PLEASE DESCRIBE)

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EXPERIENCE/OCCUPATION: (CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> ACCOUNTING        | <input type="checkbox"/> MANAGEMENT       |
| <input type="checkbox"/> DD PROGRAM SKILLS | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> EDUCATION         | <input type="checkbox"/> OTHER _____      |
| <input type="checkbox"/> LEGAL             |   |

AFFILIATIONS:

- BUSINESS \_\_\_\_\_
- EDUCATION \_\_\_\_\_
- SOCIAL \_\_\_\_\_
- VOLUNTEER \_\_\_\_\_

HAVE YOU EVER SERVED ON THE BOARD OF A NONPROFIT AGENCY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, NAME OF AGENCY \_\_\_\_\_

PLEASE DESCRIBE WHY YOU WOULD LIKE TO SERVE ON THE REGIONAL CENTER BOARD? \_\_\_\_\_

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PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF TWO REFERENCES:

- |                    |                    |
|--------------------|--------------------|
| 1. NAME _____      | 2. NAME _____      |
| ADDRESS _____      | ADDRESS _____      |
| PHONE NUMBER _____ | PHONE NUMBER _____ |

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE