



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

NAME

HOME ADDRESS

CITY – STATE – ZIP CODE

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 PERSON SERVED BY GGRC
- A PARENT OF A PERSON SERVED BY GGRC
- A GRANDPARENT OF A PERSON SERVED BY GGRC
- A SIBLING OF A PERSON SERVED BY GGRC
- OTHER FAMILY MEMBER OF A PERSON SERVED BY GGRC
- A GUARDIAN OF A PERSON SERVED BY GGRC
- A CONSERVATOR OF A PERSON SERVED BY GGRC
- A CONCERNED CITIZEN

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

- RESIDENCE OF PERSON SERVED: 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 PERSON SERVED BY GGRC? _____ YES _____ NO (IF YES, PLEASE DESCRIBE)

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)

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 PERSON SERVED BY GGRC? _____ YES _____ NO (IF YES, PLEASE DESCRIBE)

EXPERIENCE/OCCUPATION: (CHECK ALL THAT APPLY)

_____ ACCOUNTING _____ MANAGEMENT
_____ DD PROGRAM SKILLS _____ PUBLIC RELATIONS
_____ EDUCATION _____ OTHER _____
_____ 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? _____

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

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

SIGNATURE

DATE