



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 ID

DIAGNOSIS: (PLEASE CHECK ALL THAT APPLY)

AUTISM

I AM:

ASIAN

CEREBRAL PALSY

AFRICAN AMERICAN

EPILEPSY

CAUCASIAN

INTELLECTUAL DISABILITY (ID)

LATINO

OTHER

OTHER

I AM:

A PERSON SERVED BY A REGIONAL CENTER

A PARENT OF A PERSON SERVED BY A REGIONAL CENTER

A GRANDPARENT OF A PERSON SERVED BY A REGIONAL CENTER

A SIBLING OF A PERSON SERVED BY A REGIONAL CENTER

OTHER FAMILY MEMBER OF A PERSON SERVED BY A REGIONAL CENTER

A GUARDIAN OF A PERSON SERVED BY A REGIONAL CENTER

A CONSERVATOR OF A PERSON SERVED BY A REGIONAL CENTER

A CONCERNED CITIZEN

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 A REGIONAL CENTER? 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 A REGIONAL CENTER? 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 \_\_\_\_\_