



Please send your completed application to JanelleS@nbrc.net

**North Bay Regional Center
Board of Directors
Application for Membership**

Promoting Opportunities and Supporting Choices

Name:							
Street Address:							
City:		State:		Zip:			
Home Phone:		Cell Phone:					
Personal Email Address:							
Employer:							
Position/Title:							
Work Address:							
City:		State:		Zip:			
Work Phone:		Work Email Address:					
Educational Background:							
Professional Background:							
Civic Affairs:							
I am fluent in the following languages:							
<input type="checkbox"/> Spanish		<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak			
<input type="checkbox"/> Tagalog		<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak			
<input type="checkbox"/> American Sign Language							
<input type="checkbox"/> Other:		<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak			
<input type="checkbox"/> Other:		<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak			
<i>North Bay Regional Center is an equal opportunity employer and provides reasonable accommodations as needed. The composition of North Bay Regional Center's Board of Directors is established by the Lanterman Developmental Disabilities Act and is reflected in the corporation's bylaws.</i>							
At least 51% of the Directors shall be people with a developmental disability or related to a person with a developmental disability. Please check all which apply below: I am a: <input type="checkbox"/> Person served by a Regional Center <input type="checkbox"/> Parent of a person served by a Regional Center <input type="checkbox"/> Grandparent of a person served by a Regional Center <input type="checkbox"/> Foster parent of a person served by a Regional Center <input type="checkbox"/> Sibling of a person served by a Regional Center <input type="checkbox"/> Family member of a person served by a Regional Center <input type="checkbox"/> Conservator of a person served by a Regional Center							

<input type="checkbox"/> Concerned citizen			
Experience/Occupation			
<input type="checkbox"/> Accounting	<input type="checkbox"/> DD Program Expertise	<input type="checkbox"/> Board Governance	
<input type="checkbox"/> Education	<input type="checkbox"/> Legal	<input type="checkbox"/> Other:	
<input type="checkbox"/> Management	<input type="checkbox"/> Public Relations		
Affiliations			
Business:			
Education:			
Social:			
Volunteer:			
Have you ever served on a board of directors for a nonprofit agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", name of agency:			
Please describe below why you would like to serve as a member of the Board of Directors and what unique perspectives or skills you feel you can bring to NBRC.			
Applicant's Signature:		Date:	