



North Bay Regional Center

**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			

- Family member of a person served by a Regional Center
- Conservator of a person served by a Regional Center
- 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? Yes 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:	
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- | |
|---|
| <input type="checkbox"/> Governing Board Member |
| <input type="checkbox"/> Vendor Advisory on Board |
| <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Employee/Other |

2. Do you or a family member² work for any entity or organization that is a regional center provider or contractor? yes no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers. If the provider or contractor is a state or local governmental entity, provide the specific name of the state or local governmental entity and describe your job duties at the state or local governmental entity.
3. Do you or a family member own or hold a position³ in an entity or organization that is a regional center provider or contractor? yes no -- If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest.
4. Are you a regional center advisory committee board member? yes no -- If yes, are you a member of the governing board or owner or employee of an entity or organization that provides services to the regional center or regional center consumers? yes no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers.
5. If you are a regional center advisory committee board member and answered yes to all the questions in Question 4 above, do any of the following apply to you: (a) are you an officer of the regional center board; (b) do you vote on purchasing services from a regional center provider; or (c) do you vote on matters where you might have a financial interest? yes no -- If yes, please explain.

² Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, parent-in-laws, brother-in-laws, sister-in-laws, son-in-laws and daughter-in-laws. See California Code of Regulations, title 17, sections 54505(f).

³ For purposes of this question, hold a position generally means that you or a family member is a director, officer, owner, partner, employee, or shareholder of an entity or organization that is a regional center provider or contractor. For a specific description of positions that create a conflict of interest in a regional center provider or contractor see the California Code of Regulations, title 17, sections 54520 and 54526.

- | |
|---|
| <input type="checkbox"/> Governing Board Member |
| <input type="checkbox"/> Vendor Advisory on Board |
| <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Employee/Other |

6. Do any of the decisions you make when performing your job duties with the regional center have the potential to financially benefit you or a family member⁴? [Note: Governing board members do not have to answer “yes” to this question if the financial benefit would be available to regional center consumers or their families generally].
 yes no -- If yes, please explain.

7. Are you responsible for negotiating, making,⁵ executing or approving contracts on behalf of the regional center? yes no -- If yes, please explain.

8. Do you have a financial interest in any contract⁶ with the regional center? yes no -- If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? yes no -- If yes, please explain.

9. Do any of your family members have a financial interest in any contract with the regional center? yes no
 If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? yes no
 If yes, please explain.

⁴ Generally, a decision can financially benefit you or a family member if the decision can either directly or indirectly cause you or a family member to receive a financial gain or avoid a financial loss. For a specific description of the types of decisions that can result in a financial benefit to you or a family member see the California Code of Regulations, title 17, sections 54522 and 54527.

⁵ California Code of Regulations, title 17, sections 54523(b)(2) and 54528(b)(2) describes the types of conduct which constitute involvement in the making of a contract.

⁶ For purposes of questions 8 and 9, a financial interest in a contract generally means any direct or indirect interest in a contract that can cause you or a family member to receive any sort of financial gain or avoid any sort of financial loss irrespective of the dollar amount. California Code of Regulations, title 17, sections 54523 and 54528 define when financial interests in a contract will occur.

<input type="checkbox"/> Governing Board Member
<input type="checkbox"/> Vendor Advisory on Board
<input type="checkbox"/> Executive Director
<input type="checkbox"/> Employee/Other

10. Do you evaluate employment applications or contract bids that are submitted by your family member(s)?
 yes no -- If yes, please explain.

11. Your job duties require you to act in the best interests of the regional center and regional center consumers. Do you have any circumstances or other financial interests not already discussed above that would prevent you from acting in the best interests of the regional center or its consumers? yes no -- If yes, please explain.

B. ATTESTATION

I _____ (print name) HEREBY CONFIRM that I have read and understand the regional center’s Conflict of Interest Policy and that my responses to the questions in this Conflict of Interest Reporting Statement are complete, true, and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this statement is not accurate or that I have not complied with the regional center’s Conflict of Interest Policy or the applicable conflict of interest laws, I will notify the regional center’s designated individual immediately. I understand that knowingly providing false information on this Conflict of Interest Reporting Statement shall subject me to a civil penalty in an amount up to fifty thousand dollars (\$50,000) pursuant to Welfare and Institutions Code section 4626.

Signature _____ Date _____

INTERNAL USE ONLY

Date this Statement was received by Reviewer: _____

The reporting individual does does not have a present potential conflict of interest

Signature of Designated Reviewer

Date Review Completed

