



## BOARD APPLICATION COVER PAGE

San Andreas Regional Center Board of Directors is made up of volunteers from all areas of the community. Board members play an important role in providing policy leadership and oversight for our organization. Our Regional Center's Board of Directors not only helps keep San Andreas connected to the community but is responsive to its needs as well.

### Application Directions:

If you need help filling out the attached application or if you have questions about the application, please call the Administrative Assistant to the Board of Directors at 408-341-3826. A resume may be included with completed applications but it is not a requirement. After you complete this form, please return it to the Regional Center by mail, fax, email, or in person (Please see the box below).

### Conflict of Interest:

It is important that no conflict of interest exists between you as a potential board member and your other existing roles and responsibilities. The details of the above are contained in section 4626 of the Welfare and Institutions Code of the State of California. If you would like to request a copy of this section, please contact the Executive Administrative/Board Secretary (Please see the box below).

### Required Information for the Centers for Medicare and Medicaid Services (CMS)

Should you be selected as a Board member you will need to submit: Full name, date of birth, complete social security number and home address. Failure to comply will make you ineligible to be a San Andreas Regional Center Board member.

Telephone Number	Address	Email	Fax Number
408-341-3826	Board Development Committee San Andreas Regional Center 6203 San Ignacio Ave. Suite 200 San Jose CA. 95119	<a href="mailto:lgonzalez@sarc.org">lgonzalez@sarc.org</a>	408-281-6967

**SAN ANDREAS REGIONAL CENTER does not and will not tolerate discrimination against applicants or employees on the basis of AGE, ANCESTRY, COLOR, MARITAL STATUS, MENTAL OR PHYSICAL DISABILITY, PREGNANCY, GENTIC INFORMATION, NATIONAL ORIGEN, RACE, RELIGION, CREED, SEX, SEXUAL ORIENTATION, MEDICAL CONDITION, DISABLED, VETERAN, OR VETERAN STATUS, ETC.**



**BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP**

Today's Date: \_\_\_\_\_

**I. Personal Information**

My Name: \_\_\_\_\_

My Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number

Cell Phone Number

(    ) \_\_\_\_\_ - \_\_\_\_\_

(    ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**II. How I Spend My Time**

Name of Employer: \_\_\_\_\_

Day Program or Volunteer Job: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ - \_\_\_\_\_

Days I Work or Attend a Program:

- Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

My Daily Work or Activities Include:

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### III. My Interests and/or Skills

I am a member of the following community organizations (such as PAC, People First, Self-Advocacy, Tenant, or Homeowner Association, Professional or Interest Group):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*\*The special interests, skills, or hobbies that I have that could help the Board of Directors and the people that the Regional Center serves are: (Check all that apply)

- Legal                       Management                       Board Governance                       Financial
- Developmental Disability Program Experience
- Other (Please Explain) \_\_\_\_\_

### IV. My Background

Please check the appropriate box below.

Do you have a developmental disability?

- No
- Yes (please choose below)
- Autism       Cerebral Palsy                       Epilepsy                       Intellectual Disability

Other \_\_\_\_\_

Does a member of your family have a developmental disability?

- No
- Yes (please choose below)
- Autism       Cerebral Palsy                       Epilepsy                       Intellectual Disability

Other \_\_\_\_\_

To help assure that all people served by San Andreas Regional Center are represented on the Board of Directors, please choose one or more of the following choices that best describes your ethnicity: *\*(Per the changes in the 2020 Census)*

**\*Hispanic or Latino**

- White       Black or African American       American Indian       Asian
- Other \_\_\_\_\_       Decline to State

**\*Not Hispanic or Latino**

- White       Black or African American       American Indian       Asian
- Other \_\_\_\_\_       Decline to State

Please choose the highest level of education that you have completed:

- High School / GED       College / University
- Graduate School       Vocational / Business

My school interest or area of study is/was:

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**V. Being a Board Member**

I want to be a member of the San Andreas Regional Center Board of Directors because:

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Please check one of the following:

- I have **never** served on the board of a community group or organization.
- I **have** served on the board of the following community group(s) or organizations:

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**VI. Conflict of Interest**

To help assure potential conflict of interest, please tell us if you or any member of your family are associated with or employed by any of the Regional Center vendors or service providers. Please check one of the following and provide details if you check "Yes":

- No
- Yes

Details if "Yes" is checked \_\_\_\_\_

## VII. References

Please provide the following information for two people who know you well:

PERSONAL REFERENCE (Example: friend, family member, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Best Time to Call \_\_\_\_\_

PROFESSIONAL REFERENCE (Example: employer, volunteer supervisor, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Please read the following and initial your acknowledgment:

The Regional Centers participate with Medicare and Medicaid Services (CMS) by enrolling as Medicaid (Medi-Cal) providers to maintain approximately 40 percent of the Department of Developmental Services' (Department) regional center budget attributed to federal funding. To meet the Medi-Cal provider enrollment requirements, SARC needs to disclose the name, address, date of birth, and social security number of its board members. SARC will ensure all confidential information is protected and handled securely. Individuals without Tax Identification Numbers (employer identification numbers or social security numbers) can still participate on a regional center board by following the procedure described on pages 28-29 of the CMS Medicaid Provider Enrollment Compendium, available at <https://www.medicaid.gov/sites/default/files/2019-12/mpec-7242018.pdf>

\_\_\_\_\_ I understand that as a Board member I will be required to provide my personal information so that SARC remains a Medi-Cal Provider as required by law.

#### \*\*Skills Glossary:

- *Legal - concerned with the law.*
- *Management – of a business or organization*
- *Board Governance – experienced in participation in other boards*
- *Financial - relating to finance*
- *Developmental Disability Program Experience – supervise/administer a program and/or group*

### For Internal Use Only

Birthday \_\_\_\_\_

Social Security Number \_\_\_\_\_