



WESTSIDE
REGIONAL CENTER

ATTN: Call-Out to the WRC Community

WRC Board of Directors

CALL FOR APPLICANTS TO JOIN THE WRC BOARD

Westside Regional Center seeks to identify interested and qualified persons as potential Members of the WRC Board. Board members must reside, work, or have a family member who receives services within the WRC Catchment area. Board Meetings, Trainings, and Committee(s) participation is required.

The Board Development Committee is soliciting your assistance at this time in seeking nominees. There are DDS requirements for Board representation. The Board is currently in greatest need of the following, although others will also be considered:

- Financial expertise
- Legal expertise
- Governance experience
- Legislative advocacy interest/skills

The application form is available online:

- <https://forms.gle/iV9a2Wv1x6vSRSdt6> (English)
- <https://forms.gle/1txtSkBUMbKX6ck59> (Spanish)

Please contact ExecutiveA@WestsideRC.org with any questions.

The deadline for application submission is 5 pm, Friday, March 12th, 2021.



Nomination Application
Westside Regional Center (WRC) Board of Directors

The Westside Regional Center Board (WRC) of Directors consists of volunteers from the catchment area served by WRC. Board members play an important role in providing oversight for WRC. One purpose of our Board is to keep WRC connected to community members and receptive to their needs.

Section I:

A. Name: _____

B. Do you work and/or live within the WRC Catchment Area? (check one) _____ Yes _____ No

If yes, what city? (check one)

_____ Bel Air _____ Beverly Hills _____ Beverlywood _____ Century City _____ Culver City

_____ El Segundo _____ Gardena _____ Hawthorne _____ Inglewood _____ Lawndale

_____ Los Angeles _____ Malibu _____ Mar Vista _____ Marina del Rey _____ Pacific Palisades

_____ Playa del Rey _____ Santa Monica _____ Venice _____ Westwood

C. Home Address: _____

D. Mailing Address (if different): _____

E. Daytime Phone Number: _____

F. Evening Phone Number: _____

G. Cell Phone: _____

Please indicate with an asterisk () the preferred phone number to reach you*

H. Email: _____

I. Employment/Occupational Status (check one)

_____ full time/ part time _____ retired _____ day program _____ not currently working

_____ other (please explain): _____

J. Employer: _____

K. Position: _____

L. Educational Background: _____

M. Professional or Occupational Background: _____



Section II:

A. How did you develop an interest in or knowledge of developmental disabilities? (Describe your employment, education, personal circumstances, or other activities which demonstrate your interest or knowledge).

B. Areas of expertise you would bring to the WRC Board (check all that apply):

Accounting /Financial Administration/ Management Person served by WRC
 Advocacy Developmental Disability Program Skills Education Law
 Public Relations Self-Advocacy Other (Please Explain):

How might your background and experiences help the WRC Board?

C. Please list all current and recent (last 5 years) memberships in associations, service clubs, social clubs, occupational groups, professional organizations, and developmental disability affiliations.

Please list all offices and other positions of responsibility you have held in the groups or organizations listed above

Section III:

A. Gender identity (check one): Male Female Non-Binary

B. Ethnicity/Race (check one): Multiracial Asian African American/Black

Hispanic/Latino Caucasian Other (Please specify) _____



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C. Are you a person served by WRC? (check one) Yes No

If the answer is yes:

1. If you become a WRC Board member, will you require transportation? (check one)

Yes No

2. Will you require facilitation (assistance) in preparing for and participating in meetings?

Yes No

D. Are you a relative, conservator or guardian of a person served by WRC? (check one)

Yes No

If the answer is yes:

1. What is the relationship? (Please describe) _____

2. What is the age range of the person served by WRC with whom you have the relationship?

0-3 years 4-18 years 19-22 years 23-39 years 40+ years

E. If you are a person served by WRC or have a relationship to a person served as described above, please check all that apply to the person served by WRC:

Autism Cerebral Palsy Epilepsy Intellectual Disability

Other (Please specify) _____

F. Do you have prior membership on a regional center Board? (check one) Yes No

If the answer is yes:

1. Please provide the name of the regional center: _____

2. Please provide your years of service and offices held?

G. Are you or is any member of your family an employee or Board member of any

business entity that provides services to persons served by any regional center? (check one)

Yes No If the answer is yes, please explain:

H. Are you or is any member of your family an employee or a member of the State Council on

Developmental Disabilities? (check one) Yes No If the answer is yes, please explain:



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I. Are you or any member of your family employed by the State Department of Developmental Services (DDS) or any state or local agency that provides services to persons served by regional centers? (check one) _____ Yes _____ No

1. If the answer is yes, please explain:

Section IV:

A. How did you hear about the WRC Board of Directors?

B. Please describe why you would like to serve on the WRC Board.

1. Have you had personal experiences with members of the WRC Board or WRC employees?

2. Is there anything you have seen or experienced that, in your opinion, should be improved or changed at WRC?

3. Is there anything you would like to favorably comment on regarding WRC?



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The work of the Board of Directors requires consistent attendance at monthly meetings of the Board of Directors and Board committees. These meetings may be more than two hours.

4. Are you available for Committee Meetings? (check one) _____ Yes _____ No

5. Which Committees would you be interested in attending? (check all that apply):

_____ Finance _____ Client Services _____ Political Action _____ Other(s)

Section V:

Please provide the name, address, and phone number of one reference (personal or professional):

Name: _____

Address: _____

Phone: _____

Please completely answer all of the above questions. You are welcome to submit a resume or additional statement of interest in participating in the WRC Board of Directors.



Section VI: Conflict of Interest:

Welfare and Institutions Code, Section 4626. (a) In order to prevent potential conflicts of interest, no member of the governing board or member of the program policy committee of a regional center shall be any of the following:

- (1) An employee of the State Department of Developmental Services or any state or local agency which provides services to a regional center client, if employed in a capacity which includes administrative or policy making responsibility, or responsibility for the regulation of the regional center.
- (2) An employee or a member of the State Council.
- (3) Except as otherwise provided in subdivision (h) of Section 4622, an employee or member of the governing board of any entity from which the regional center purchases client services.
- (4) Any person who has a financial interest, as defined in Section 87103 of the Government Code, in regional center operations, except as a consumer of regional center services.

Title 17 Section 54520. Conflict of Interest Standards for Regional Center Governing Board Members.

(a) The following constitute conflicts of interest for regional center governing board members:

(1) A conflict of interest exists when a member of the governing board or a family member of such person is a director, officer, owner, partner, shareholder, trustee or employee of any business entity or provider, holds any position of management in any business entity or provider, or has policy-making authority in such an entity or provider, except to the extent permitted by Welfare and Institutions Code, Section 4626(a) (3) and (b). These conflict-of-interest provisions are in addition to those stated in Welfare and Institutions Code, Sections 4622(a)(9) and 4626.

(check the box)

I do not have any of the Conflicts of Interest as stated above.

Signature: _____

Print Name: _____

Date: _____