



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 (WRC) 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://hipaa.jotform.com/213117048502041>

Please contact Jane Borochoff via email at JaneB@WestsideRC.org with any questions.



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? ____ 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): _____

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

E. Daytime Phone Number: _____

F. Evening Phone Number: _____

G. Cell Phone: _____

H. Email Address: _____

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 (specify): _____

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: Male Female Non-Binary

B. Ethnicity/Race: (check one) Asian American Indian or Alaska Native
 Black or African American Caucasian Hispanic or Latino Multiracial
 Native Hawaiian or Other Pacific Islander Other (specify): _____

C. Are you a person served by WRC? Yes No

If the answer is **yes**:

If you become a WRC Board member, will you require transportation?

Yes No

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?

Yes No

If the answer is **yes**:

What is the relationship? (please describe) _____

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? Yes No

If the answer is **yes**:

Please provide the name of the regional center: _____

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?

_____ 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? _____ Yes _____ No

If the answer is yes, please explain:

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? _____ Yes _____ No

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.

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



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

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

C. 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.

Are you available for Committee Meetings? ____ Yes ____ No

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.

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

Signature: _____

Print Name: _____

Date: _____