

# Westside Regional Center Is Seeking New Board Members



## MISSION STATEMENT

*It is WRC's mission to support people with developmental disabilities, their families, and communities of choice by facilitating access to person-centered, culturally responsive services and resources.*

Westside Regional Center (WRC) is seeking interested and qualified persons as potential new Board Members. Individuals should reside, work, or have a family member who receives services within the WRC catchment area. Time commitment includes attending board meetings, workshops, and committee meetings. This is a volunteer opportunity with an established private, non-profit organization that receives state and federal governmental funding.

The WRC Board Development Committee is asking for your assistance in finding and referring caring, committed individuals who may wish to serve in this volunteer board capacity benefitting over 10,976 individuals with developmental disabilities (autism; intellectual disability; cerebral palsy; epilepsy; similar conditions) and their families.

We welcome and consider diverse and equitable local WRC representation, which is not limited to but can include the following: persons served; parents, legal guardians, or other family members.

We are specifically looking for:

- legislative skills or interest
- prior governance experience from other boards
- legal (Attorney)
- financial (includes accounting)

### **How to Apply:**

A "Nomination Application" must be completed for an eligible candidate to be considered for the Board of Directors. The online application is available in English and Spanish. Select your preferred language in the upper right corner of your screen (once you click on the link below).

- ♦ <https://form.jotform.com/230527957718063>

Please contact [JaneB@WestsideRC.org](mailto:JaneB@WestsideRC.org) with any questions. Applications will be reviewed in the order received.

### **Selection Process:**

After reviewing all applications, selected applicants will be interviewed by members of the Board Development Committee and asked a series of questions. Those recommended will be introduced to the current WRC Board, formally voted in, and be immediately seated. New Board Members will be provided with orientation, training, and mentor support.



**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://form.jotform.com/230527957718063>

Please contact Jane Borochoff via email at [JaneB@WestsideRC.org](mailto: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:** \_\_\_\_\_