



North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

Thanks so much for your interest in joining our Board of Trustees!

To provide the Nominating Committee with additional information regarding you and your current interest in joining the board, please complete the enclosed application and return it to the following address or email:

North Los Angeles County Regional Center
Attention: Board Support
9200 Oakdale Avenue, Suite 100
Chatsworth, CA 91311

Email: Boardsupport@nlacrc.org

Regional center boards are governed by extensive conflict of interest standards. To assure that you would not have any conflict of interest, it is necessary that you read, sign and return the enclosed Conflict of Interest Statement with your application.

The Bylaws of NLACRC require that persons serving on the Board of Trustees reside or work in the area served by this regional center (San Fernando, Santa Clarita, and Antelope Valleys).

The board generally meets the second Wednesday of each month, at 6:00 p.m. The meetings are open to the public and we strongly recommend that you attend our meetings to better understand the trustee's role. The board meeting schedule is included in your packet. Please note that all board meetings are currently being held via Zoom and may resume to in-person in the upcoming future, additional information will be provided.

Should you have any questions, please send us an email to Boardsupport@nlacrc.org. Thank you again for your interest in serving on our Board. We look forward to receiving the information requested!

Sincerely,

NLACRC Board Support

Enclosures (5)

North Los Angeles County Regional Center
APPLICATION - **BOARD OF TRUSTEES**

Name: _____ **Address:** _____

City: _____ **Zip:** _____

Home Phone: (____) _____

E-mail Address: _____

Cell Phone: (____) _____

Employer: _____

Title: _____ **Address:** _____

City: _____ **Zip:** _____ **Phone** (____) _____

Job Responsibilities: _____

I am a member of the following developmental disability, health, or other community organizations:

1. _____ 3. _____

2. _____ 4. _____

Considering your education, training, life situation and leisure time activities, please list any special skills, interests or knowledge that may be of help to the Board of Trustees.

Do you have experience in any of the following areas? legal management
board governance financial public relations
developmental disability programs

Please describe your experience, if indicated above:

Status: Parent Relative Client Community Representative

Other _____

If you are a relative of a regional center consumer, please indicate if the consumer:

Lives at home Lives in the community Lives in a developmental center

Other(specify) _____

I represent the following developmental disabilities:

Autism Epilepsy Intellectual Disabilities

Cerebral Palsy Down Syndrome

Other (specify) _____

Ethnicity:

of Hispanic/Latino origin? Indicate: Hispanic /Latino **(H)** OR Not Hispanic/Latino **(NH)**.
Select one.

H NH

Race:

Indicate: American Indian/Alaskan Native **(AN)**, Asian **(A)**, Black/African American **(B)**,
Pacific Islander **(PI)**, White **(W)**, Some other race alone **(O)**. Select all that apply. If more
than one race is selected, it will fall under the category "Two or more races"

AN A B PI W O

**Do you work for an agency vendored by the North Los Angeles County Regional
Center? If yes, which agency?**

Y N

**Do you have a family member that works for an agency vendored with the North
Los Angeles County Regional Center? If yes, which agency?**

Y N

How were you referred to the Board of Trustees? _____

Signature: _____ **Date:** _____

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