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 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 with any questions.

WESTSIDE REGIONAL CENTER

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: _____

WESTSIDE REGIONAL CENTER

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.

WESTSIDE REGIONAL CENTER

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:

WESTSIDE REGIONAL CENTER

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?

WESTSIDE REGIONAL CENTER

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.

WESTSIDE REGIONAL CENTER

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: _____