

Application Form for Disability Rights California Board of Directors and Board Committee Public Members

If you would like to serve on Disability Rights California's Board of Directors or Board Committees as a Public Member, please complete this application form or send a letter with all of the following information to:

**Maxine Dalaza
Disability Rights California
100 Howe Avenue, Suite 185N
Sacramento, CA 95825
Phone: 916/488-9955
Fax: 916/488-9962**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone (Home): _____ **Phone (Cell):** _____

Phone (Work): _____ **Phone (Other):** _____

Occupation: _____

Date of Application: _____

Please answer all of the following questions. You may attach additional pages if you need more room to answer.

1. What are your qualifications for the position(s) for which you are applying?

2. What is your interest and motivation for serving in this position?

3. Please explain your knowledge of the issues affecting persons with disabilities.

4. Describe your experience in community organizations, including service on boards or advisory committees.

5. Discuss your experience and knowledge working with specific underserved communities (e.g., Asian/Pacific Islander, African American, Native American, Spanish speaking, or rural communities).

6. Describe your experience advocating for people with disabilities or others.

7. Discuss your leadership or policy development experience.

8. Are you a member of other disability or civil right organizations? If so, please identify those groups below.

9. Discuss your experience in fundraising.

10. For PAIMI Advisory Council applications, discuss your experience working on issues of importance to mental health consumers.

Disability Rights California's Board values diversity. In order to assist the Board in selecting diverse Board members, please identify which of the following group(s) you belong to*:

- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- White
- Multi-racial
- Decline to State
- Developmental Disability
- Psychiatric Disability
- Learning Disability
- Sensory Disability
- Physical Disability
- Other Disability
 - Please Specify: _____
- Gay, Lesbian, Bisexual or Transgender
- Other: _____
- Decline to State

****No applicant will be granted or denied a seat on Disability Rights California's Board of Directors based solely upon his/her response to these questions.***