



INDEPENDENT LIVING RESOURCE CENTER

Application for ILRC Board Membership

Name: _____ Date: ____/____/____

Telephone: (Personal) _____ (Work) _____

Mailing Address: _____

E-mail address: _____

1. Representing regional area (*check one*):

- Ventura North Santa Barbara County
 San Luis Obispo South Santa Barbara County

2. Do you have a disability?

- Physical Psychological Deaf/Hard of Hearing
 Blind/Low Vision Acquired Brain Injury Learning Disability
 Other

Any accommodation(s) needed? _____

3. Your age group? 16-25 26-40 41-60 61 and over

4. Ethnic Group: African American Asian/PI White
 Latino/Hispanic Native American

5. Work/Professional Experience: _____

6. Volunteer, Community or Service Group Affiliation(s): _____

7. Why do you want to join the ILRC board? _____

8. Special Interests, Skills, Hobbies, etc.: _____

9. Other relevant information about you: _____

10. Committees on which you are interested in working:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Development/Public Relations | <input type="checkbox"/> Investment |

Signature: _____ **Date:** _____