



## Kern Regional Center Board of Directors Application

Thank you for your interest in becoming a member of the Kern Regional Center Board of Directors!  
Please use this form to provide information about yourself. After completion, please send to:

Kern Regional Center  
Attention: Darlene Pankey  
3200 N. Sillect Ave.  
Bakersfield CA 93308

You can also send by email to  
[dpankey@kernrc.org](mailto:dpankey@kernrc.org)  
If you have any questions,  
please call 661-852-3360.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Briefly describe why you would like to join our Board of Directors:

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Do you have specific skills or expertise that you would bring to the Board? Check those that apply::

☐ Developmental  
Disabilities

☐ Management

☐ Legal

☐ Previous or Current  
Board Governance

☐ Accounting/Financial

☐ Other \_\_\_\_\_

Ethnicity: ☐ African American ☐ American Indian or Alaskan Native ☐ Hispanic or Latino  
☐ Asian ☐ Pacific Islander ☐ White/Caucasian ☐ Other \_\_\_\_\_

As a Board Member, would you represent a specific disability? If so, please indicate disability represented:

☐ Intellectual Disability

☐ Cerebral Palsy

☐ Epilepsy

☐ Autism

☐ Other \_\_\_\_\_

☐ I represent this disability myself, OR

☐ I represent this disability as a parent, legal guardian, family member, or community member.

➤ Are you, or the person(s) you represent, a client(s) of Kern Regional Center? ☐ Yes ☐ No

THANK YOU FOR YOUR APPLICATION! Your application will be submitted to the KRC Board Nominating Committee and they will reach out to you soon. If you are elected to be a KRC Board Member, you agree that you can provide at least 2-4 hours per month in attendance to Board and Committee meetings, complete mandatory training, and participate in an annual retreat. You also agree that you do not have any conflict-of-interest in participating on the KRC Board of Directors.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_