



Los Angeles County Commission on Disabilities



Access Services, Inc (ASI) Board of Directors Member Application Form

Today's Date: _____

Section 1

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email address: _____

Cell Phone: _____ Fax Number (Optional): _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone: _____ Supervisor's Name: _____

Section 2

Community Activities (Please attach a separate sheet if additional space is needed):

Organizations and Memberships (Please attach a separate sheet if additional space is needed): _____

Additional qualifications/comments (Please attach a separate sheet if additional space is needed): _____

Section 3

Are you available to attend monthly meetings of the ASI Board and the Commission on Disabilities? YES___ NO___

Please attach a Resume and two Letters of Recommendation, focusing on your qualifications and advocacy skills, to your completed application.

I declare that my statements above is true to the best of my knowledge and experience and that I have received and read the *Appointing Procedures for the ASI Board of Directors*.

Signature

Date

Return completed applications and required documents to:

Los Angeles County Commission on Disabilities
500 West Temple Street, Room 383
Los Angeles, CA 90012

Phone: 213-974-1053 • FAX: 213-633-5102 • E-mail: laccod@bos.lacounty.gov