

PERSONAL ASSISTANCE SERVICES COUNCIL (PASC)
APPLICATION FOR MEMBER OF THE GOVERNING BOARD

(Please type or print)

Name:			
Home Address:			Zip Code
Home Phone: ()		Alt Phone: ()	
Supervisory District:			
Are you a resident of Los Angeles County?		Yes	No
Have you received or are you currently receiving In-Home Supportive Services (IHSS)?		Yes ☐ No	
How did you hear about this vacancy?			
Are you registered to vote in Los Angeles County?		Yes	No

PASC's MISSION AND THE GOVERNING BOARD

The PASC strives to improve the delivery of IHSS program, support independence, and by providing an array of support services enhance the quality of life for all who receive and provide IHSS. The PASC Governing Board meets on the first Monday of most months to discuss issues and policies related to the senior and disability communities.

Employment

Current Occupation:			
Employment Begin Date:			
Business Address:		Zip Code:	
Business Phone: ()			

Former Employer/Professional Experience

Name	Telephone	Professional Experience

Education

School	City/State	Year	Degree/Certificate

Please list all board/public entities on which you currently hold a position:

Board/Public Entity	Position

Have you ever been convicted, fined, imprisoned, placed on probation, received a suspended sentence, or forfeited bail for any offense (except non-moving traffic violations) by a court (including convictions dismissed under Penal Code Section 1203.4)?	Yes No
If yes, please list offense(s) and explain:	

Please explain why you want to serve the IHSS recipients and providers of Los Angeles County by being a member of the PASC Governing Board (you may attach additional sheets of paper for your response):

Please explain what unique experience and skillset you will bring to the PASC Governing Board (you may attach additional sheets of paper for your response):

If selected to serve on the PASC Governing Board are you available to attend the in-person/hybrid meeting on the first Monday of the month in the afternoon?	Yes	No
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PASC GOVERNING BOARD MEMBER APPLICATION

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References (optional)	
Name	Phone Number
CONSENT & CERTIFICATION	
I have reviewed the attached description of qualifications and duties for the position. I am able to perform all duties and I am willing to serve. I acknowledge that the County of Los Angeles may contact other entities or persons to confirm the information I have provided. I consent to these contacts. I acknowledge that if I am selected to be on the PASC Governing Board, I will not be considered an employee of the County of Los Angeles. I certify that all statements and representations made by me in this "Application for Member of the PASC Governing Board" are true and correct.	
Signature:	Date: