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**Continuum of Care**

**Board Application**

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| **Contact information of nominating representative**  *(note: you can self-nominate)* |
| **Name**: |
| **Phone number**: |
| **Email Address**: |

|  |  |  |
| --- | --- | --- |
| **Date (mm/dd/yyyy):** |  |  |

|  |  |
| --- | --- |
| **Applicant Full Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Applicant contact Information:** | | **Check box**  for preferred method of contact |
| Phone (office): |  |  |
| Phone (cell): |  |  |
| Email (office): |  |  |

**1. Select type of Board seat (may select both):**

Designated

Flexible

**In the table below,** if the Applicant is applying for a Designated Seat, select which Board Seat(s), and if the Applicant is applying for a Flexible Seat, select all Sector(s) the Applicant represents.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designated:** | | |  | **Flexible:**  *Select all sector(s) you represent:* | |
|  | Person with Lived Experience as Currently or Formerly Homeless | |  | Affordable Housing Developer |
|  | San Diego Housing Commission | |  | Education |
|  | San Diego Workforce Partnership | |  | Health |
|  | Veterans Affairs | |  | Law Enforcement |
|  | San Diego City Council | |  | Justice |
|  | CDBG Consolidated Plan Jurisdiction | |  | Business |
| Homeless Services Provider: | | |  | Funder |
|  |  | General |  | Faith Community |
|  |  | Central Region |  | Homeless Advocate |
|  |  | North Coastal |  | Technology/Communication |
|  |  | North Inland |  | Other *(specify below)* |
|  |  | South Region |  |  |

**2. Candidate Employer Information**

*(Note: Complete if applying as a representative of the organization)*

|  |  |
| --- | --- |
| Name of Organization: |  |
| Job Title: |  |
| Address: |  |
| Type of business or organization: |  |
| Primary service(s) and area/population served: |  |

**3. List any boards and committees you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious and social).**

|  |  |  |
| --- | --- | --- |
| Organization: | Role/Title: | Dates of Service |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

**4. Do you currently serve on the CoC Board?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | * Yes |  | * No |

|  |  |
| --- | --- |
| *If yes*, what year did you begin serving on the CoC Board? |  |

**5. Do you currently serve as a member of any of the Board’s Committees?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | * Yes |  | * No |

***If yes*, please select which Committee(s):**

|  |  |
| --- | --- |
|  | Governance Advisory Committee |
|  | Evaluation Advisory Committee |
|  | Rating & Ranking Sub-Committee |
|  | Homeless Management Information System (HMIS) Sub-Committee |
|  | Veterans Consortium |
|  | Addressing Homelessness Among Black San Diegans Ad Hoc Committee |
|  | Aging and Homelessness Ad Hoc Committee |
|  | Health and Homelessness Ad Hoc Committee |

**6. Diversity:** The Board of Directors is committed to fostering a culture of diversity and inclusion and believes that board diversity is critical. We ask that prospective Board Members complete these **optional** demographic questions **(check all that apply).**

Gender

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male |  | Transgender |
|  | Female |  | Non-Binary |
|  | Culturally Specific *(e.g. Two-Spirit)* |  | Different Identity: |

Race

|  |  |  |  |
| --- | --- | --- | --- |
|  | American Indian, Alaska Native, or Indigenous |  | Native Hawaiian or Pacific Islander |
|  | Asian or Asian American |  | White |
|  | Black, African American, or African |  | Multi-Racial |
|  | Hispanic/Latino/e/o |  | Other: *(specify below)* |
|  | Middle Eastern or North African |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7.** | **Age:** |  | 18-24 |  | 25-54 |  | 55-64 |  | 65+ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8.** | **Military Status:** |  | Veteran |  | Active Duty |  | Reserve Duty |  | Not Applicable |

**9. Are you currently experiencing homelessness, or have you in the past?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | * Yes |  | * No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *If yes:* |  | Current-5 years ago |  | 6-10 years ago |  | 11+ years ago |

If comfortable, please share information about your experience with homelessness (i.e., the type of homelessness you experienced, resources that helped you, and/or any populations that you represent through your experience). Providing this information is completely optional.

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**10. Skills, experience and interests** (please check all that apply)

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| --- | --- | --- | --- |
|  | Finance, accounting |  | Special events |
|  | Advocacy |  | Grant writing / Fundraising |
|  | Administration, management |  | Outreach, advocacy |
|  | Nonprofit experience |  | Legal/Law |
|  | Community service |  | Homeless Provider (current-5 years ago) |
|  | Policy development |  | Homeless Provider (6-10 years ago) |
|  | Program evaluation |  | Homeless Provider (11+ years ago) |
|  | Public relations, communications |  | Other: *(specify below)* |
|  | Education, instruction |

**11. How do you feel the CoC would benefit from your involvement on the Board?**

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**12. As a Board member, how would you engage other systems in the CoC to implement the actions outlined in the** [**Regional Community Action Plan to Prevent and End Homelessness in San Diego**](https://www.rtfhsd.org/wp-content/uploads/RTFH_2022RCP_For-Publication_10122022.pdf)?

|  |
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**13.** **Describe how you may be able to contribute to the economic, environmental and cultural diversity of the Board, and any groups or organizations you could serve as a liaison to on behalf of the Board.**

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**14. If selected for the Board, please identify up to one proxy who represents the stakeholder group of the seat for which you are applying.**  The proxy member can attend Board meetings on your behalf, and vote on any action items that come before the Board.

|  |  |  |
| --- | --- | --- |
| Proxy name: |  | |
| Proxy email: |  | |
| Proxy phone number: | |  |

**15. If not currently on a Committee, please identify any of the CoC Board’s Committees you may be interested in serving on:**

|  |  |
| --- | --- |
|  | Governance Advisory Committee |
|  | Evaluation Advisory Committee |
|  | Rating & Ranking Sub-Committee  *note: any organization potentially receiving HUD funding is excluded from participation on this sub-committee* |
|  | Homeless Management Information System (HMIS) Sub-Committee |
|  | Veterans Consortium |
|  | Addressing Homelessness Among Black San Diegans Ad Hoc Committee |
|  | Aging and Homelessness Ad Hoc Committee |
|  | Health and Homelessness Ad Hoc Committee |
|  | Youth Action Board Ad Hoc Committee |
|  | No, I am not interested in serving on a committee |

**Members of the CoC Board of Directors must:**

* Be members of the CoC Full Membership. Annual dues for individuals with lived experience are waived; and
* Commit in writing to attend a minimum of 50% of Board meetings to be considered in good standing.

**In submitting this application, you verify that you will follow the Board of Directors policies and procedures, to include signing the.**[**CoC Board and Committee Commitment Form**](https://www.rtfhsd.org/wp-content/uploads/CoC-Board-and-Committee-Commitment-Form-update-Mar-2023.docx)

Thank you very much for applying.