**Continuum of Care**

**Committee Application**

| Name: |  |
| --- | --- |
| Email: |  |
| Phone: |  |
| Date: |  |

**Candidate Employer Information**

| Name of Organization: |  |
| --- | --- |

| Job Title: |  |
| --- | --- |

| Address: |  |
| --- | --- |

| Type of business/ organization: |  |
| --- | --- |

| Primary service(s) and area/population served:  |  |
| --- | --- |

| ☐ | Governance Advisory Committee  | ☐ | Ad Hoc Committee to Address Homelessness Among Black San Diegans |
| --- | --- | --- | --- |
| ☐ | Evaluation Advisory Committee  | ☐ | Health and Homelessness Ad Hoc Committee |
| ☐ | Veteran’s Consortium  | ☐ | Aging and Homelessness Ad Hoc Committee |
|  |  | ☐ | Youth Advisory Board |

**Committee Interest:**

Please list boards and committees you serve on, or have served on, that would help inform your participation (business, civic, community, fraternal, political, professional, recreational, religious and social).

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

Please identify any of the following RTFH related Boards or Committees you currently serve on, or have in the past 3 years:

| **Board/Committee** | **Currently Serving** | **Served in Last 3 Years** |
| --- | --- | --- |
| CoC Board of Directors | ☐ | ☐ |
| RTFH Board of Directors | ☐ | ☐ |
| Governance Advisory Committee | ☐ | ☐ |
| Evaluation Advisory Committee | ☐ | ☐ |
| Veterans Consortium | ☐ | ☐ |
| Youth Advisory Board | ☐ | ☐ |
| Ad Hoc Committee on Homelessness Among Black San Diegans | ☐ | ☐ |
| Aging, Health, and Homelessness (formerly 2 separate Committees) | ☐ | ☐ |
| Other: | ☐ | ☐ |

**Diversity:** The CoC Advisory Board is committed to fostering a culture of inclusion and believes that diversity is critical. We ask that prospective Committee Members complete these **optional**demographic questions. **(Please 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/Caucasian  |
| ☐ | Black, African American, or African | ☐ | Multi-Racial |
| ☐ | Hispanic/Latino/e/o | ☐ | Other: *(specify below)*      |
| ☐ | Middle Eastern or North African |

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

Are you currently or were you formerly homeless:

 ☐ **Yes**  ☐ **No**

| If yes: | ☐ | Current-5 years ago |
| --- | --- | --- |
|  | ☐ | 6+ years ago |

**Please describe why you are interested in serving on the committee:**

**Please describe how your skills, experience and interest will benefit the goals of the committee:**

**Education/Training/Certificates/Awards:**

**Which systems do you think are critical to engage in working to solve homelessness in San Diego?**

**How would you work to address homelessness as a Board member?**

**How do you feel the Committee would benefit from your involvement?**

**List any groups, organizations or businesses you could serve as a liaison to on behalf of the Committee:**

**Please tell us anything else you’d like to share, including how you may be able to contribute to the economic, environmental and cultural diversity of the Committee.**

* In submitting this application, you verify that you will follow the Continuum of Care’s policies and procedures, including the [CoC Board and Committee Commitment Form](https://www.rtfhsd.org/wp-content/uploads/2024/11/2024-Continuum-of-Care-Board-and-Committee-Member-Commitment-Form.docx).
* Committee members must request to continue on the Committee in January of each Calendar Year. The Chair(s) of the Committee will determine continued involvement based on attendance and meaningful participation in achieving the Committee’s mutual goals.

**Thank you very much for applying.**