**Continuum of Care**

**Board Committee Application**

Name, phone and email address:

 Click here to enter text.

Date:Name:

 First MI Last

Contact Information: (please check box for preferred method of phone and email contact)

Phone (o) Click here to enter text. [ ]  Phone (c) Click here to enter text.[ ]

Email (o) Click here to enter text.

Candidate Employer Information

Name of Organization:

Job Title:

Address:

Type of business or organization: Click here to enter text.

Primary service(s) and area/population served: Click here to enter text.

**Committee Interest:**

|  |  |
| --- | --- |
| [ ]  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 |

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

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

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 |  |  |
| Veteran’s Consortium |  |  |
| Youth Advisory Board |  |  |
| Ad Hoc Committee on Homelessness Among Black San Diegans |  |  |
| Health and Homelessness Ad Hoc Committee |  |  |
| Aging and Homelessness Ad Hoc Committee |  |  |
| Other (Please Specify) |  |  |
| Other (Please Specify) |  |  |

**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 [ ]  Female [ ]  Transgender [ ]  Other: Click here to enter text.

Race: [ ]  American Indian/Alaska Native [ ]  Asian [ ]  Native Hawaiian or other Pacific Islander

 [ ]  Black/African-American [ ]  White/Caucasian [ ]  Multi-Racial

[ ]  Other: Click here to enter text.

Ethnicity: [ ]  Hispanic [ ]  Non-Hispanic

Age: [ ]  18-24 [ ]  25-54 [ ]  55-64 [ ]  65+

Currently or 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:

Click here to enter text.

Optional – Have you received any awards or honors you’d like to mention?

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

Please list any groups, organizations or businesses you could serve as a liaison to on behalf of the Committee.

Click here to enter text.

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.

Click here to enter text.

* **In submitting this application, you verify that you will follow the Continuum of Care’s policies and procedures, including the** [**Advisory Board and Committee Commitment Form**](https://www.rtfhsd.org/about-coc/coc-advisory-board/)**.**
* **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.**