**CONTACT INFORMATION**

NAME: Click or tap here to enter text.

E-MAIL: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

**BACKGROUND INFORMATION**

Have you reviewed the San Joaquin CoC Governance Charter?

[ ] YES

[ ] NO

Are you willing and able to comply with all provisions of Sections XI and XII of the San Joaquin CoC Governance Charter pertaining to conflicts of interest and the Board Code of Conduct?

[ ] YES

[ ] NO

Are you able to attend regular meetings of the Full CoC Membership and Committees?

[ ] YES

[ ] NO

Are you affiliated with a participant agency/organization of the San Joaquin CoC?

[ ] YES

[ ] NO

If yes, indicate which organization and describe your affiliation:

Click or tap here to enter text.

Are you currently an active participant on one or more SJCoC Committees?

[ ] YES

[ ] NO

If yes, indicate which Committee(s):

Click or tap here to enter text.

Do you serve on any other boards, committees, task forces, commissions, etc.?

[ ] YES

[ ] NO

If yes, indicate which organization and describe your affiliation:

Click or tap here to enter text.

Have you personally experienced homelessness at any time in your life?

[ ] YES

[ ] NO

**QUALIFICATIONS**

Describe your experience in serving the homeless of San Joaquin County:

Click or tap here to enter text.

Describe your participation in the San Joaquin Continuum of Care to date:

Click or tap here to enter text.

Describe your interest in serving on the San Joaquin CoC Board:

Click or tap here to enter text.

What does “an end to homelessness” mean to you?

Click or tap here to enter text.

**EXPERIENCE**

Indicate your familiarity with the following programs (check all that apply):

[ ] Emergency Solutions Grant (ESG)

[ ] Substances Abuse and Mental Health Services Act (SAMHSA)

[ ] Emergency Food and Shelter Program (EFSP)

[ ] Home Investment Partnerships Program (HOME)

[ ] Housing Opportunities for People With AIDS (HOPWA)

[ ] Housing Choice Voucher Program (HCV)

[ ] Veteran Affairs Supportive Housing (VASH)

[ ] Health Care for Homeless Veterans (HCHV)

[ ] Community Development Block Grant (CDBG)

[ ] Rural Housing Stability Assistance Program (RHSP)

[ ] Title V Program

[ ] CalWorks

[ ] No Place Like Home (NPLH)

[ ] Whole Person Care (WPC)

[ ] Affordable Housing Sustainable Communities (AHSC)

[ ] Veterans Housing and Homeless Prevention Program (VHHP)

[ ] Low-Income Housing Tax Credit Program (LIHTC)

[ ] Other

If you indicated familiarity with any of the above programs, please describe:

Click or tap here to enter text.

Indicate your experience with the following systems (check all that apply):

[ ] Electronic Special Needs Assistance Programs (E-SNAPS)

[ ] Homeless Data Exchange (HDX)

[ ] Homeless Management Information System (HMIS)

[ ] Integrated Disbursement and Information System (IDIS)

[ ] Line of Credit Control System (LOCCS)

[ ] System of Award Management (SAM)

[ ] Other

If you indicated experience with any of the above systems, please describe:

Click or tap here to enter text.

Are you willing and able to serve on committees, sub-committees and/or work groups of the San Joaquin CoC?

[ ] YES

[ ] NO

If yes, please indicate your particular area(s) of interest (check all that apply)

[ ] Strategic Planning

[ ] Coordinated Entry

[ ] Data

[ ] HMIS

[ ] Point in Time Count

[ ] Application Review

[ ] Education

[ ] Membership

[ ] Housing

[ ] System Performance and Evaluation

[ ] At-Risk Youth

[ ] Domestic Violence

[ ] Housing

[ ] Prevention

[ ] Law and Justice

[ ] Veteran Services

[ ] Rapid Re-housing

[ ] Emergency Shelter

[ ] Medical Services

[ ] Mental Health and Substance Abuse

[ ] Legislation

[ ] Street Outreach

[ ] Other: Click or tap here to enter text.

Indicate below what service area, jurisdiction or special population you represent (check all that apply)

[ ] CDBG/HOME/ESG Entitlement Jurisdiction

[ ] Law Enforcement

[ ] County Jail

[ ] Hospital

[ ] EMT/Crisis Response Team

[ ] Mental Health Service Organizations

[ ] Substance Abuse Service Organizations

[ ] Affordable Housing Developer

[ ] Public Housing Authorities

[ ] CoC Funded Youth Homeless Organizations

[ ] Non-CoC Funded Youth Homeless Organizations

[ ] School Administrators/Homeless Liaisons

[ ] CoC Funded Victim Service Providers

[ ] Non-CoC Funded Victim Service Providers

[ ] Street Outreach Team

[ ] Youth advocates

[ ] Agencies that serve survivors of human trafficking

[ ] Other homeless subpopulation advocates

[ ] Homeless or Formerly Homeless Persons

[ ] Other: Click or tap here to enter text.

**ADDITIONAL INFORMATION**

*Please attach a copy of your resume to this application.*

What else would you like the San Joaquin CoC to know about you?

Click or tap here to enter text.

|  |
| --- |
| **Authorized Signature of Applicant**: By signing below, I hereby certify that to the best of my knowledge and belief, all information in this Board Application is true and correct. |
| Signature of Applicant:  |  |
| Typed Name: |       | Date Signed:  |       |
| Title: |       |