

Continuum of Care Steering Committee Application



Contact Information

Name	
Street Address	
City, State, Zip Code	
Preferred Phone	
E-Mail Address	

Board Member Position

Please indicate any agencies, groups, or experiences you can be a representation of in Clark County:

- | | | |
|--|--|--|
| <input type="checkbox"/> Currently or recently experience/d homelessness | <input type="checkbox"/> Person with lived homelessness experience | <input type="checkbox"/> Victim Service Provider |
| <input type="checkbox"/> Employment Provider | <input type="checkbox"/> Local Business | <input type="checkbox"/> Culturally Specific Group |
| <input type="checkbox"/> Faith-based Non-profit | <input type="checkbox"/> Homeless Advocate | <input type="checkbox"/> Disability Advocate |
| <input type="checkbox"/> Physical Health Provider | <input type="checkbox"/> Behavioral Health Provider | <input type="checkbox"/> Veteran Provider |
| <input type="checkbox"/> DSHS | <input type="checkbox"/> Faith-Based Entity | <input type="checkbox"/> Publicly funded homeless/housing provider |
| <input type="checkbox"/> Publicly funded emergency shelter provider | <input type="checkbox"/> Youth Provider (12-24) | <input type="checkbox"/> Law Enforcement Representative |
| <input type="checkbox"/> School District | <input type="checkbox"/> Non-profit Provider | |

Availability

CoC Steering Committee meetings are currently held on the last Wednesday of each month from 1:00am to 2:30pm.

Does this create any barriers for you? Please explain.

Focus Areas

Please check any areas in which you have professional or lived experience utilizing.

- | | | |
|---|---|--|
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Homelessness Services |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> LGBTQ+ Services |
| <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Education Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physical Health Services | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Mental Health Supports | <input type="checkbox"/> Substance Use Supports | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Asset Building (business or home purchase, credit repair, etc) | |

Please tell us more about your professional or lived experience in the focus area(s) chosen above. Diagnoses or specific personal details are not necessary.

Special Skills or Qualifications

Tell us about your experience and willingness to serve on behalf of and advocate for people experiencing homelessness?

Do you feel a part of a community or group that has been under-represented or historically oppressed? Please tell us about it.

Are you affiliated with, through volunteerism or work experience, any local organizations, group or effort working to reduce homelessness? Please tell us about it. Do you feel like this is a conflict of interest? Why or Why not?

Previous Advisory Board Experience

The CoC Steering Committee is a working group. Homework, reading prior to meetings and engagement in other meetings will be necessary as a part of the committee. Do you have the capacity to take this role on and why?

Optional Information

To ensure broad representation on our board, we would appreciate information about your gender and background. This information is optional. It is the policy of Clark County to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Years lived in Clark County: _____

Age: _____

Gender: _____

Race:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White or Caucasian
 Multi-racial

Ethnicity:

- Hispanic/Latin(x)
 Slavic/Russian

Do you consider yourself to have a disability?

- Yes No

Do you consider yourself to be part of the LGBTQ+ community?

- Yes No

Application Submission

Thank you for completing this application form and for your interest in serving on the committee.

Please submit this application to:

Email	Mail	In Person
info@councilforthehomeless.org	Council for the Homeless 2500 Main St. Vancouver, WA 98660	Place in the drop box at the Vancouver Housing Authority 2500 Main St. Vancouver, WA 98660

Members will be chosen by the CoC Steering Committee.

CFTH will follow-up with all applicants once decisions are made.