

Sonoma County Homeless Coalition Board Committee Application 2024

Committee you would like to serve on (check all that apply):

- Coordinated Entry Advisory Committee
- Homeless Management Information System (HMIS) Data Committee
- CoC Strategic Planning Committee
- Funding and Evaluation Committee

Name: _____

Organization you represent (if applicable): _____

Are you interested in serving in any of the following roles on a committee? (Check all that apply)

- Chair
- Vice Chair
- Secretary

Do you have lived experience of homelessness? Yes No

If yes, how long ago did you experience homelessness? _____

Phone: _____ Email: _____

Geographical area or subpopulation(s) represented:

Why do you want to be on this committee and what relevant experience qualifies you to serve?

Signature: _____ Date: _____

Please email this form to Araceli.Rivera@sonoma-county.org or deliver to Sonoma County Department of Health Services, c/o Ending Homelessness Division Attn: Araceli Rivera, 1450 Neotomas Avenue, Suite 200, Santa Rosa CA 95405. **Due date April 2nd, 2024, by 5:00 p.m.**