Sonoma County Homeless Coalition Board Committee Application 2025

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

- ☐ Coordinated Entry Advisory Committee
- ☐ Homeless Management Information System (HMIS) Data 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:

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

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Signature: _____ Date: _____

Please email this form to Jynessa.Lazzaroni@sonoma-county.org or deliver to Sonoma County Department of Health Services, c/o Ending Homelessness Division Attn: Jynessa Lazzaroni, 1450 Neotomas Avenue, Suite 200, Santa Rosa CA 95405. **Due date March 28th, 2025, by 5:00 p.m.**