

# Sonoma County Racial Equity Workgroup Application 2024

Name: \_\_\_\_\_

Organization you represent (if applicable): \_\_\_\_\_

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

Chair       Vice Chair       Secretary

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any lived experience or professional training you have received regarding equity, diversity, and belonging:

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List any skills or passions you would like to bring to the Racial Equity Workgroup:

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What calls you to this work and why?

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# Sonoma County Racial Equity Workgroup Application 2024

What do you see as the greatest opportunities to do racial equity work for the Sonoma County Homeless service system?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for expressing your interest in becoming a member of the Racial Equity Workgroup. The Workgroup convenes once a month for a duration of one and a half (1 ½) hours. The total time commitment, including the meetings and review of meeting packet materials, amount to approximately two and a half (2 ½) hours per month. This includes to ensure optimal support for our community and prioritization of racial equity in addressing disparities within the homeless system of care, we kindly request your thoughtful consideration of time commitments and personal capacity.

Please email this form to [Araceli.Rivera@sonoma-county.org](mailto: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 15th, 2024, by 5:00 p.m.**