

Sonoma County Continuum of Care (CoC) Board 2022 Nomination Form

Name of Nominee:	Agency:
Telephone:	Email:
Geographical Area or Subpopulation	on(s) Represented:
Other reasons the nominee should	be considered for the CoC Board:
-	f you are nominating someone other than yourself. Please ensure you nterest form to the individual you are nominating for completion.
Name of Nominator:	Agency:
Contact Information:	Signature of Nominator:
	Vacant Seats for Election
1 Homeless Advocacy: One homel elected by the CoC voting member	ess advocate or representative of a homeless advocacy organization;
1 At Large : No CoC membership remembers.	quirements and any one can apply; elected by voting the CoC voting
	perience: Any individual who is 18-24 years of age that is currently has experienced homelessness within five years (at the time of election) by the CoC voting members.
<u>-</u>	dividual over 25 years of age that is currently experiencing homelessness ness within five years (at the time of election) prior to the Board election; lvisory Planning Board (LEAP).
•	nan two seats. Should a candidate run for two seats, one of them must be which seat(s) the individual is being nominated for:
☐ Homeless Advocacy	\square At Large $\ \square$ Adult Lived Experience $\ \square$ TAY Lived Experience
	nce Seat, please select all that apply in terms of your experience with nomelessness (if you feel comfortable):
☐ Lived in a Car/RV ☐ Lived in a	n outdoor setting \square Lived in a Homeless shelter \square Other:



Sonoma County Continuum of Care (CoC) Board 2022 Statement of Interest

This section is to be filled out by th	e individual being nominated and will be shared publicly
Name of Candidate:	Agency:
Please provide a statement of your intere	est in the Sonoma County Continuum of Care Board:
Signature of Candidate:	Date: