**CENTRAL SIERRA CONTINUUM OF CARE**

**Governing Board Membership Application**

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| Instructions: Please submit this form via email: dcloward@atcaa.org; or in person at 10590 Highway 88, Jackson, CA 95642.  |

***CHOOSE INDIVIDUAL OR ORGANIZATION***

**□ Individual**

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| Name: Date: |
| Phone: Email: |
| Service Area You Represent: |

**□ Organization**

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| --- |
| Organization Name: Date: |
| Representative: Title:  |
| Phone: Email: |
| Alternate Designee: Title:  |
| Phone: Email: |
| Service Area You Represent: |

Why do you want to be a member of the CSCoC Governing Board?

Other information that you feel would be important to support your request to join the Board?

**Community Representation**

*CHECK ALL THAT APPLY*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Domestic Violence Advocates |  |  | Faith-Based Organizations |
|  | Homeless or Formerly Homeless Persons |  |  | Businesses |
|  | Local Government Staff/Officials |  |  | Public Housing Agencies |
|  | Mental Health Service Organizations |  |  | School Districts |
|  | Mental Illness Advocates |  |  | Social Service Providers |
|  | Affordable Housing Developers |  |  | Hospitals |
|  | Street Outreach Teams |  |  | Universities |
|  | Substance Abuse Advocates |  |  | Law Enforcement |
|  | Local Jail |  |  | Mental Health Agencies |
|  | LGBTQ+ Service Organizations |  |  | Organizations that Serve Veterans |
|  | EMS/Crisis Response Teams |  |  | Substance Abuse Service Organizations |
|  | Agencies that serve survivors of human trafficking |
|  | Nonprofit Homeless Assistance Providers |
|  | ***CSCoC Funded Victim Service Providers*** |
|  | ***CSCoC Funded Youth Homeless Organizations*** |

**Conflict of Interest**

*INITIAL THAT YOU UNDERSTAND*

\_\_\_\_\_ At any point an issue or matter for which a Board member may have a conflict of interest arises, they shall abstain from voting and discussion on the matter and fully disclose the nature of their conflict of interest.

\_\_\_\_\_ Members must comply with the conflict of interest and recusal process found in the Governance Charter per the HEARTH Act Interim Rule 578.95.

**Voting**

The use of proxies is not allowed. Your individual membership counts as one vote. You will be expected to attend at least 75% of Board meetings and participate in one (1) subcommittee each year.

*PLEASE SELECT THE COMMITTEE(S) YOU ARE INTERESTED IN SERVING*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Governing Board |  |  | HMIS |
|  | Coordinated Entry |  |  | ESG |
|  | Veterans Action Team |  |  | Review and Ranking |
|  | Point in Time |  |  | Governance/Strategic Planning |

***I hereby apply for membership on the Governing Board of the Central Sierra Continuum of Care and agree to abide by the Continuum of Care Governance Charter and Terms of Membership.***

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| **APPLICANT SIGNATURE DATE** |
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Approved: April 16, 2019