**CoC Board and Committee Membership Application**

**Ohio Balance of State Continuum of Care**

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| **Name** |  |
| **Preferred Name (if different from above)** |  |
| **Pronouns** |  |
| **Gender** |  |
| **Race/Ethnicity** |  |
| **Organization/Affiliation** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **County**  |  |
| **Phone** |  |
| **Email** |  |
| 1. **Do you represent an organization that has a mission to serve or advocate on behalf of Black, Indigenous, and Persons of Color (BIPOC), persons with disabilities, or LGBTQ populations?**

**If so, please indicate which.** |
| 1. **Do you identify as someone who is currently or has formerly experienced homelessness, and/or as a youth/young adult, and/or as a survivor of domestic or other violence?**
	* **If yes, are you comfortable with this information being disclosed?**
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| 1. **If you have experienced homelessness, please share a bit about your experience including when it occurred and what you experienced. If you are not comfortable disclosing this, just indicate that.**
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| 1. **Do you identify as BIPOC, LGBTQ+, or do you live with a disability?**
	* **Please indicate which of the populations you identify with:**
	* **Are you comfortable with this information being disclosed?**
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| 1. **The CoC Team primarily communicates with CoC Board, Committee, and Workgroup members by email. If this will not work for you, please indicate the best and safest method the CoC team should use to communicate with you.**
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| 1. **Please describe the primary work of the organization you identified above. If you do not work for, or are not affiliated with, an organization that works on homelessness in some capacity, please describe your current work/activities/experiences that have informed your understanding of issues pertaining to homelessness. *If you are seeking membership as a person who has experienced homelessness or is a survivor of violence, you do not need to answer this question.***
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| 1. **Why are you interested in being an Ohio BoSCoC Board or Workgroup member?**
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| 1. **Please identify areas of expertise or other strengths you think you can contribute to the Ohio BoSCoC Board or a committee/workgroup.**
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| 1. **Please identify which group you’d like to participate in:**

**[ ]  Ohio BoSCoC Board****[ ]  Project Evaluation Workgroup****[ ]  Coordinated Entry Workgroup****[ ]  Lived Experience Action Board** |

***Please submit your completed membership application***

 ***to the CoC at*** ***ohioboscoc@cohhio.org*** ***by October 31, 2023***