**Butte Countywide Homeless Continuum of Care (CoC) Membership Application**

Please complete this form and submit to CoC Coordinator via email: [jenniferg@butte-housing.com](mailto:jenniferg@butte-housing.com)

Individual Name:

Organization Name:

Address:

City: State: Zip:

Office Phone: Mobile Phone:

E-mail:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please Select Best Category Organization You Represent** | | | | |
|  |  |  |  |  |  |
|  |  | Local Government Staff/Officials |  |  | Youth Advocates |
|  |  | CDBG/HOME/ESG Entitlement Jurisdiction |  |  | School Administrators/Homeless Liaisons |
|  |  | Law Enforcement |  |  | CoC Funded Victim Service Providers |
|  |  | Local Jail(s) |  |  | Non-CoC Funded Victim Service Providers |
|  |  | Hospital(s) |  |  | Domestic Violence Advocates |
|  |  | EMT/Crisis Response Team(s) |  |  | Street Outreach Team(s) |
|  |  | Mental Health Service Organizations |  |  | Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates |
|  |  | Substance Abuse Service Organizations |  |  | LGBT Service Organizations |
|  |  | Affordable Housing Developer(s) |  |  | Agencies that serve survivors of human trafficking |
|  |  | Disability Service Organizations |  |  | Other homeless subpopulation advocates |
|  |  | Disability Advocates |  |  | Homeless or Formerly Homeless Persons |
|  |  | Public Housing Authorities |  |  | Emergency shelter |
|  |  | CoC Funded Youth Homeless Org |  |  | Veteran service providers and advocates |
|  |  | Non-CoC Funded Youth Homeless Org |  |  | Locality taskforce representatives |
|  |  | Other: |  |  | Other: |
|  |  |  |  |  |  |
| **Please Select at least one (1) and up to three (3) Standing Committee you are interested in serving** | | | | | |
|  |  | **If more than 1 Choice, Please RANK your Preferences** | | | |
|  |  | Chronic Homelessness |  |  | HMIS/Coordinated Entry |
|  |  | Households With Children |  |  | Review and Ranking |
|  |  | Youth Homeless |  |  | Point in Time - Planning |
|  |  | Veteran Homeless |  |  | Governance/Strategic Planning |

Why do you want to be a member of the CoC?

Do you receive federal funding? Please specify.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby Acknowledge Reading and Agreeing to the terms and conditions of the Butte CoC Code of Conduct, Ethics and Principles of Working Effectively. I also agree to the terms and conditions of the Butte CoC Conflict of Interest Policy. At any time I may ask for a hard/printed copy of the referenced documents. I further agree/acknowledge these policies may be updated. I may revoke my membership at any time, and acknowledge my member may be revoked for cause, if I am not adhering to the Butte CoC Governance Charter, or the Butte CoC referenced documents herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date