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

Please complete this form and submit to CoC Coordinator via email: 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.

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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.

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Signature Date