

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

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Local Government Staff/Officials | <input type="checkbox"/> | Youth Advocates |
| <input type="checkbox"/> | CDBG/HOME/ESG Entitlement Jurisdiction | <input type="checkbox"/> | School Administrators/Homeless Liaisons |
| <input type="checkbox"/> | Law Enforcement | <input type="checkbox"/> | CoC Funded Victim Service Providers |
| <input type="checkbox"/> | Local Jail(s) | <input type="checkbox"/> | Non-CoC Funded Victim Service Providers |
| <input type="checkbox"/> | Hospital(s) | <input type="checkbox"/> | Domestic Violence Advocates |
| <input type="checkbox"/> | EMT/Crisis Response Team(s) | <input type="checkbox"/> | Street Outreach Team(s) |
| <input type="checkbox"/> | Mental Health Service Organizations | <input type="checkbox"/> | Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates |
| <input type="checkbox"/> | Substance Abuse Service Organizations | <input type="checkbox"/> | LGBT Service Organizations |
| <input type="checkbox"/> | Affordable Housing Developer(s) | <input type="checkbox"/> | Agencies that serve survivors of human trafficking |
| <input type="checkbox"/> | Disability Service Organizations | <input type="checkbox"/> | Other homeless subpopulation advocates |
| <input type="checkbox"/> | Disability Advocates | <input type="checkbox"/> | Homeless or Formerly Homeless Persons |
| <input type="checkbox"/> | Public Housing Authorities | <input type="checkbox"/> | Emergency shelter |
| <input type="checkbox"/> | CoC Funded Youth Homeless Org | <input type="checkbox"/> | Veteran service providers and advocates |
| <input type="checkbox"/> | Non-CoC Funded Youth Homeless Org | <input type="checkbox"/> | Locality taskforce representatives |
| <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

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

| | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Chronic Homelessness | <input type="checkbox"/> | HMIS/Coordinated Entry |
| <input type="checkbox"/> | Households With Children | <input type="checkbox"/> | Review and Ranking |
| <input type="checkbox"/> | Youth Homeless | <input type="checkbox"/> | Point in Time - Planning |
| <input type="checkbox"/> | Veteran Homeless | <input type="checkbox"/> | 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