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**Arizona Balance of State Continuum of Care (AZBOSCOC)**

**Application for Membership**

**AZBOSCOC Governance Advisory Board**

Thank you for your interest in becoming a member of the AZBOSCOC Governance Advisory Board:

Please complete the following application and email to Cristina Benitez, AZBOSCOC Coordinator at [cristina.benitez@azhousing.gov](mailto:cristina.benitez@azhousing.gov). If you have any questions, call Cristina at 602-771-1017.

Applications must be received by November 17, 2023 at 5:00 pm. Announcements will be made by December 1st if not earlier. Applications will be reviewed by the Governance Advisory Board current members.

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| **Date:** | **Agency/Org. Represented (If applicable)** |
| **Name:** | **Title:** |
| **Address** | **City, State, Zip Code** |
| **Email:** | **Phone:** |
| 1. **Please provide a brief summary about why you would like to be a member of the Governance Advisory Board:** | |
| 1. **Please describe your experience and/or your organization’s experience related to persons who have experienced homelessness or related issues. Please note in responding to this question, the GAB welcomes persons with past or current lived experience of homelessness or related issues and values this perspective in guiding the work of the GAB. While disclosure is at your discretion, if you are comfortable doing so, please share if you have lived experience with homelessness or related issues.**   **Yes \_\_\_\_\_ How Long Ago? \_\_\_\_\_\_\_\_** | |
| 1. **Please describe your understanding or any experience working with or within the AZ Balance of State Continuum of Care or one of the related Local Coalitions to End Homelessness.** | |
| 1. **Please describe any other skills, perspectives, interests, knowledge, experience or other contributions you could provide that would promote, support and further the AZBOSCOC’s work to end homelessness in its communities.** | |
| 1. **What sector(s) do you represent either as an individual and/or as a part of your agency? (sectors as an individual are optional)** | |
| Local Government Staff  Local Government Officials  Law Enforcement  Local Jail  Hospitals  EMT  Crisis Response Teams  Mental Health Service Organization  Substance Abuse Service Organization  Affordable Housing Developers  Public Housing Authority  CoC funded Youth Homeless Organizations  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Non CoC Funded Youth Homeless Organizations  School Administrators  School Homeless Liaisons  CoC Funded Victim Service Providers  Non CoC Funded Victim Service Providers  Street Outreach Teams  Youth Advocates  Agencies that serve survivors of human trafficking  Other homeless sub population advocates  Agencies that serve veterans  Persons who have lived experience  LGBTQ+ |
| 1. **What committee work would you be interested in? (check all that apply)**   Membership  HMIS  Coordinated Entry  Focus Population: Veterans  Focus Population: Domestic Violence Focus Population: Youth  Focus Population: LGBTQ+  Social Justice and Racial Equity  NOFO New/Bonus Project Review  Point in Time/Unsheltered Count | |
| **If chosen, I accept and will fulfill the responsibilities of being a Governance Advisory Board Member. Responsibilities include: identification of any conflict of interest and willingness to recuse from votes related to the conflict as appropriate, participation in Governance Advisory Board meetings, be knowledgeable about the Balance of State Continuum of Care’s Purpose and Operations, and accept other responsibilities defined in the AZ Balance of State Continuum of Care Governance Charter which is found at this link.**  <https://housing.az.gov/documents-links/forms/special-needs-continuum> | |