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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. 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:**
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| 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.**
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| 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.**
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| 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)**
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| [ ]  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 OrganizationsOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  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> |