

Sonoma County Homeless Coalition Membership Application Form

Please complete this form if you would like to be a member of the Sonoma County Homeless Coalition. Send the completed forms to Karissa White, Continuum of Care Coordinato, Homelessness Services, Sonoma County Department of Health Services at Karissa.White@sonoma-county.org or 1450 Neotomas Ave. STE 120, Santa Rosa, CA 95405.

Name:	Title:	Phone:
Organiz	zation:	E-mail:
Addres	ss:	
Туре о	of Membership Requested (Please select one	ı):
	or doing business in Sonoma County with a	tion is open to any organization or individual residing in interest in preventing and/or ending homelessness velcome to attend quarterly Membership Meetings and
	Homeless Coalition Board member election (nonprofit, business, church, public bodiess wants to participate more thoroughly in the a voting member an organization must submate Coalition Board, which may delegate initian Nonprofit homeless service providers, hoperoviders, disaster planning/prevention again funders, governments, businesses, homelessocial service providers, medical organizations affordable housing developers, law enforce homeless/formerly homeless veterans as Sonoma County address is welcome to approximate the service providers of the service providers	Membership, Voting Members can vote during ons. Voting membership is open to any organization etc.) with an official address in Sonoma County who Homeless Coalition throughout the year. To become it this application for approval by the Homeless review to an ad hoc workgroup or Lead Agency staff. omeless prevention service providers, victim service encies, faith-based organizations, homeless service ss advocates, public housing agencies, school districts, ement all health agencies, hospitals, universities, ement agencies and organizations that serve ele encouraged to apply, though any organization with a olly. To verify organization address in Sonoma County, of their IRS Tax Exempt Determination Letter,
know	•	Sonoma County are you and/or your organization most ness? e.g. North County, City of Petaluma, all of Sonoma

Description of Interest (In a few sentences please describe why you are interested in joining the Homeless Coalition and if there are any specific homeless subpopulations that you and/or your organization possess specialized content knowledge):								

Affiliations: The SC Homeless Coalition is interested in having representatives from a wide variety of fields, interests, experiences, and professions in the community. Please indicate if you or the agency for which you work falls into one or more of the categories listed below by marking all categories that apply.

Categories	Mark all	Categories	Mark all
	that apply		that apply
Advocate(s)		Legal Aid Services	
Affordable Housing Developer(s)		Local Government Staff/Officials	
Agencies that serve survivors of human trafficking		Local Jail(s)/Department of Corrections & Rehabilitations	
Business		Mental Health Service Organizations	
Department of Human Services		Public Housing Authority	
Disability Services		School Administrators/Homeless Liaisons	
Domestic Violence Service Provider		Street Outreach Team(s)	
Elected Official		Substance Abuse Service Organizations	
EMT/Crisis Response Team(s)		University	
Faith-Based Organization		Utility Companies	
Government Entity		Veterans Organizations	
Homeless or Formerly Homeless Persons		Workforce Development/Employment Service Provider	
Homeless Organization		Youth Advocates	
Hospital(s) & Health Care providers		Youth Homeless Organizations	
Law Enforcement		Other: Please specify	

Thank you for your interest in being a member of the Sonoma County Homeless Coalition and making a difference in the lives of people who experience homelessness in our community!