

### Continuum of Care Advisory Committee Application Form

**Name:**

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**Preferred Contact Information:**

Address:	
Phone:	
Email Address:	
Preferred Method of Contact: (Circle One)	

**Question 1: Why would you like to be on the Continuum of Care Advisory Committee?**

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**Question 2: What skills and experiences will you bring or draw upon as a member of the Advisory Committee? Please list any experiences or familiarity you have with homeless housing services/program delivery, funding, the Continuum of Care, or other relevant skills.**

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**Question 3: Describe your vision or understanding of a successful Continuum of Care Advisory Committee.**

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**Question 4: How does systemic racism impact housing and the root causes of homelessness?**

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**Question 5: What does the Theory of Change mean to you? And how will the Theory of Change impact your leadership on the Advisory Committee? (The Theory of Change is described on page 1.)**

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**Question 6: Is there anything else you would like to share at this time?**

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**Affiliation (please note any that apply):**

Lived experience of homelessness (circle)	
Public or Private Funder (circle); If yes, please note organization	
Intersecting System – i.e. Behavioral Health, Child Welfare, Criminal Justice, etc. (circle); If yes, please note system & organization	
Faith Based Organization or Partner	
Homeless Housing and/or Service Provider (circle; If yes, please note organization)	
Any other affiliations you'd like to note:	

**Sub-Population Representation (please check any areas in which you have specific experience or expertise):**

- Youth/Young Adults
- Families
- Chronic Homelessness
- Single Adults (Not experiencing chronic homelessness and non-Veteran)
- Domestic Violence
- Veterans
- Immigrant and Refugees
- American Indian/Alaska Native/Indigenous Communities
- Black/African American Communities

**Region (please check any areas in which you have specific experience or expertise):**

- Regional (King County – non-specific)
- Seattle
- North King County
- South King County
- East King County
- Other (please list):

**Identity (optional):**

How do you identify your race?	
What are your preferred pronouns?	
Sexual Orientation	
Age	
Disability Status	

**Agreement and Signature**

I affirm that my application responses are true and complete to the best of my knowledge.

Name ( <i>typed or signature</i> )	
Date	