

Seattle-King County Continuum of Care Board

Application Form

Please complete the entire form and email to CoC.Questions@kcrha.org

Board members are expected to attend one regular meeting plus one sub-committee per month in addition to all special meetings requiring the Board to vote. Responsibilities also include reading and responding to emails, phone calls, and completing other administrative tasks up to 15 hours per month. Applicants must commit for at least two years.

Full Name and Pronouns:

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Preferred Contact Information:

Phone:	
Email Address:	
Preferred Method of Contact: (Circle One)	Phone / Text / Email
Zip code:	
Are you able to commit up to 15 hours a month for the 2 year duration? (Circle One)	Yes / No

Question 1: Please describe your understanding of a Continuum of Care (CoC).

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Question 2: What motivates you to be on the CoC Board?

Please share your specific field of interest related to the CoC.

Question 3: What skills and experiences will you bring or draw upon as a member of the CoC Board?

Please list any experiences or familiarity you have with accessing homeless housing services or program delivery, funding, the Continuum of Care, or other relevant skills.

Question 4: Describe your vision or understanding of a successful CoC Board.

Question 5: Describe your leadership experiences.

For example, other boards you have been a part of, community groups or leadership activities.

Question 6: How does systemic racism impact housing and the root causes of homelessness?

Question 7: Reviewing the Theory of Change what is one way you apply this theory in your everyday life and work? Briefly, describe how you will center the theory of change on the Board and how you plan to uplift the communities you represent and support.

KCRHA Theory of Change:

If we create a homeless response system that centers people with lived experience, then we will be able to focus on responding to needs and eliminating inequities, in order to end homelessness for all.

Question 8: Optional: Is there any resource you would need in order to fully participate as a CoC Board Member?

- Yes
- No

Affiliation (please note any that apply):

Lived experience of homelessness (circle)	YES / NO / (Past)
Public or Private Funder (circle); If yes, please note organization	YES / NO Organization:
Intersecting System – i.e. Behavioral Health, Child Welfare, Criminal Justice, etc. (circle); If yes, please note system & organization	YES / NO System & Organization:
Faith Based Organization or Partner	YES / NO
Homeless Housing and/or Service Provider (circle) If yes, please note organization)	YES / NO Organization:
Any other affiliations you'd like to note:	

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

<input type="checkbox"/> Youth/Young Adults <input type="checkbox"/> Families <input type="checkbox"/> Chronic Homelessness <input type="checkbox"/> Single Adults (Not experiencing chronic homelessness and non-Veteran) <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Veterans <input type="checkbox"/> Immigrant and Refugees <input type="checkbox"/> American Indian/Alaska Native/Indigenous Communities <input type="checkbox"/> Black/African American Communities <input type="checkbox"/> Other:
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Region (please check any areas in which you have specific experience or expertise):

<input type="checkbox"/> Regional (King County – non-specific) <input type="checkbox"/> Seattle <input type="checkbox"/> North King County <input type="checkbox"/> South King County <input type="checkbox"/> East King County <input type="checkbox"/> Other (please list):
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Identity (optional):

How do you identify your race?	
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	

When you have completed this form, please submit the final to the KCRHA at CoC.Questions@kcrha.org. Thank you!