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|  | **Merced City and County Continuum of Care General Membership Application**If you are interested in becoming a member of the CoC, complete this form and submit to the Collaborative Applicant via email: collabapp@countyofmerced.com |

**Type of Membership**

[ ]  Individual Member-At-Large [ ]  Organization

**Individual / Organization Information**

**Individual or Organization Name**

**Street Address**

**City State Zip**

**Contact E-mail**

**Contact Telephone**

**Organization Secondary Contact**

**Secondary Contact E-mail**

**Member Affiliations or Potential Conflicts**

Is the individual affiliated with one or more organizational member agencies of the CoC?

[ ]  No [ ]  Yes If yes, identify organization(s) and relationship below:

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Does the organization receive federal or state funding?

[ ]  No [ ]  Yes If yes, identify the funding type below:

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**Organizational Profile**

Type of organization: [ ]  Public [ ]  Private for Profit [ ]  Not for Profit [ ]  Other:

Primary service or business of organization:

**Affiliations of Individuals or Organizations**

The CoC 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.

[ ]  Advocate [ ]  Affordable Housing Developer

[ ]  Agencies serving survivors of Human Trafficking [ ]  Business

[ ]  Dept. of Human Services [ ]  Disability Services

[ ]  Domestic Violence Service Providers [ ]  Elected Official

[ ]  EMT / Crisis Response Team [ ]  Faith-Based Organization

[ ]  Government Entity [ ]  Homeless or Formerly Homeless Persons

[ ]  Homeless Organizations [ ]  Hospital & Health Care Providers

[ ]  Law Enforcement [ ]  Legal Aid Services

[ ]  Local Government Staff / Officials [ ]  Local Jail / Dept. of Corrections

[ ]  Mental Health Service Organizations [ ]  Public Housing Authority

[ ]  School Administrators/ Homeless Liaisons [ ]  Street Outreach Team

[ ]  Substance Abuse Services Organizations [ ]  University

[ ]  Utility Companies [ ]  Veterans Organizations

[ ]  Workforce Development Employment Services [ ]  Youth Advocates

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[ ]  Youth Homeless Organizations [ ]  Other:

**Description of Interest in CoC Membership**

Please describe why you are interested in joining the CoC:

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**Merced City and County Membership Requirements & Commitments**

* Commit to the CoC plan to end homelessness
* Attend meetings of the full membership or Board
* Participate in board advisory committees and or task groups
* Abide by the Conflict of Interest and Code of Conduct policies

**Signature of Individual or Authorized Organizational Representative**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_