|  |  |
| --- | --- |
|  | **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:

|  |
| --- |
|  |
|  |

Does the organization receive federal or state funding?

No  Yes If yes, identify the funding type below:

|  |
| --- |
|  |
|  |

**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

|  |
| --- |
|  |

Youth Homeless Organizations  Other:

**Description of Interest in CoC Membership**

Please describe why you are interested in joining the CoC:

|  |
| --- |
|  |
|  |
|  |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_