

Sonoma County Continuum of Care (CoC) Board

2022 Nomination Form

Name of Nominee:	_Agency:
Telephone:Email:	
Geographical Area or Subpopulation(s) Represented:	
Other reasons the nominee should be considered for the CoC Board:	
Please fill out this section only if you are nominating someone other than yourself. Please ensure you forward the Statement of Interest form to the individual you are nominating for completion.	
Name of Nominator:	Agency:
Contact Information:	Signature of Nominator:

Vacant Seats for Election

1 Homeless Advocacy: One homeless advocate or representative of a homeless advocacy organization; elected by the CoC voting members.

1 At Large: No CoC membership requirements and any one can apply; elected by voting the CoC voting members.

1 Transitional Age Youth Lived Experience: Any individual who is 18-24 years of age that is currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election; elected by the CoC voting members.

1 Adult Lived Experience: Adult individual over 25 years of age that is currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election; elected by the Lived Experience Advisory Planning Board (LEAP).

Candidates may run for no more than two seats. Should a candidate run for two seats, one of them must be an at-large position. Please select which seat(s) the individual is being nominated for:

□ Homeless Advocacy □ At Large □ Adult Lived Experience □ TAY Lived Experience

If applying for a Lived Experience Seat, please select all that apply in terms of your experience with homelessness (if you feel comfortable):

□ Lived in a Car/RV □ Lived in an outdoor setting □ Lived in a Homeless shelter □ Other: ____

Nominations and Statement of Interest must be received by 5:00 pm on December 7, 2022 to <u>Araceli.Rivera@sonoma-county.org</u>



Sonoma County Continuum of Care (CoC) Board 2022 Statement of Interest

This section is to be filled out by the individual being nominated and will be shared publicly.

Name of Candidate: ______ Agency: _____

Please provide a statement of your interest in the Sonoma County Continuum of Care Board:

Signature of Candidate:	Date: