## **Wyoming Continuum of Care (WY-500 CoC) Board Application**

Contact Information

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| --- | --- |
| Name |  |
| Agency and Position (if applicable)  |  |
| Preferred Phone Number |  |
| Email Address |  |

## **Mission**

The Wyoming Continuum of Care (WY CoC) mission is to reduce the incidence of homelessness, to address the immediate needs of those who are experiencing homelessness or near homelessness, and to improve the quality of housing and supportive services available in every community.

## **Board Responsibilities**

Board members are expected to share the vision of the WY CoC to bring together resources and resourceful people to create a community where everyone has a safe, stable place to call home.

Board members should support and work to further the mission of the WY CoC to make homelessness rare, brief, and non-recurring in our region, by fostering shared responsibility among stakeholders and coordinating resources essential to the success of the local plan 10-Year Plan to Prevent and End Homelessness (A Home for Everyone – Wyoming’s Plan to End Homelessness).

To the extent that WY CoC Board members represent an entity or constituency, they are responsible for relaying information back to that constituency about what is discussed at Board meetings and should serve as conduits to relay the concerns and opinions of Members of their constituency back to the Board.

Board Members are expected to attend meetings and be prepared to discuss matters presented for deliberation. Meeting times can range from weekly to monthly depending on the time of year and the goals set by the Board to be accomplished.

## **Board Positions**

Please indicate the Board positions which you are applying for:

Board Executive Committee (These positions are voted on by the general membership)

qChair q Vice Chair q Secretary

General Board Member

q Lived experience of homelessness q LBGTQ+ q Domestic violence or Victim Service Provider q Veteran or Veteran Organization q Tribal Member q Youth or Youth Organization q School Liaison q CoC Grant Recipient q ESG Grant Recipient q Faith Based Organization q Representative from an organization/group interested in helping with the goal to end homelessness. Name of organization/group:

q A community member interested in the goal of ending homelessness.

## **Tell us more about yourself and your interest in ending homelessness.**

1. Describe your current participation in the homeless crisis response system and/or how it impacts your daily life or work.
2. Describe how you currently partner to address community needs.
3. Describe how the mission of the CoC fits with your personal and/or professional goals
4. Please share any affiliations you have and your participation with those groups or organizations (e.g. as a volunteer, board member, or staff).

 Signature Date

