

# APPLICATION for MEMBERSHIP- OFFICE OF HOMELESS SERVICES ADVISORY BOARD

2017

**PLEASE return application no later than EOB on Tuesday, November 6, 2017.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

There are two vacant "At -Large" seats on the OHS Advisory Board. At-Large seats are intended to broaden the non-provider stakeholder representation on the Board. The following categories are examples of the interests that the Continuum of Care would like to include:

- Researcher/data specialist;
- AIDS service organization;
- Faith-based organization;
- Criminal justice;
- Legal advocacy;
- Children's service provider;
- Basic needs;
- Policy or planning specialist;
- Public school system;
- Aging.

At Large Category of expertise \_\_\_\_\_

1. Describe your experience/background with the issue of homelessness.

2. Why do you want to be on the OHS Advisory Board?

3. Do you commit to attending the 6 bi-monthly meetings and to participating on at least one committee of the Board during your term? Yes \_\_\_\_\_ No \_\_\_\_\_

APPLICATION for MEMBERSHIP- OFFICE OF **2017**  
HOMELESS SERVICES ADVISORY BOARD

---

Conflict of Interest assessment: Do you or any member of your immediate family, work for, or act on behalf of, agencies engaged in providing services to homeless individuals or families?

Yes: Name of Agency and relationship to agency\_\_\_\_\_

No: \_\_\_\_\_

SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

*Please sign and date the application and send it to Shari Weir at the Office of Homeless Services before Tuesday, November 6th:*

**Mail:** 310 W. Lakeside Avenue; Room 595; Cleveland, OH 44113 **Email:** [sweir@cuyahogacounty.us](mailto:sweir@cuyahogacounty.us)

**Fax:** (216)698-6604

*A scanned copy is acceptable.*