

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

**2017**

Name (please print) \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

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

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

I have been or am currently homeless: Yes \_\_\_\_\_ No \_\_\_\_\_

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

2. Can 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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

***Please sign and date the application and send it to Shari Weir at the Office of Homeless Services:***

***Mail: 310 W. Lakeside Avenue; Room 595; Cleveland, OH 44113 Email:***

***[sweir@cuyahogacounty.us](mailto:sweir@cuyahogacounty.us) Fax: (216)698-6604***

***For persons experiencing housing instability, application may be “phoned in” to Ruth at (216) 420-6844, or Shari at 420-6762.***