



Sonoma County Continuum of Care Membership Application Form

Please complete this form if you would like to be a member of the Sonoma County Continuum of Care (CoC). Send the completed forms to Araceli Rivera, Homeless Project Specialist, Ending Homelessness, Sonoma County Department of Health Services at Araceli.Rivera@sonoma-county.org or 1450 Neotomas Ave. STE 120, Santa Rosa, CA 95405.

Name: _____ Title: _____ Phone: _____

Organization: _____ E-mail: _____

Address: _____

Type of Membership Requested (Please select one):

- General Membership:** The CoC is open to any organization or individual residing or doing business in Sonoma County with an interest in preventing and/or ending homelessness in the community. General members are welcome to attend quarterly Membership Meetings and all public CoC meetings.

- Voting Membership:** In addition to General Membership, Voting Members can vote during CoC Board member elections. Voting membership is open to any organization (nonprofit, business, church, public bodies, etc.) with an official address in Sonoma County who wants to participate more thoroughly in the CoC throughout the year. To become a voting member an organization must submit this application for approval by the CoC Board, which may delegate initial review to an ad hoc workgroup or Lead Agency staff. Nonprofit homeless service providers, homeless prevention service providers, victim service providers, disaster planning/prevention agencies, faith-based organizations, homeless service funders, governments, businesses, homeless advocates, public housing agencies, school districts, social service providers, medical organizations, mental health agencies, hospitals, universities, affordable housing developers, law enforcement agencies and organizations that serve homeless/formerly homeless veterans are encouraged to apply, though any organization with a Sonoma County address is welcome to apply. To verify organization address in Sonoma County, applicants may be asked to provide a copy of their IRS Tax Exempt Determination Letter, Business License, Lease, or Property Tax Bill.

Geographic Area(s) of Interest (Which areas within Sonoma County are you and/or your organization most knowledgeable or interested in vis-à-vis homelessness? e.g. North County, City of Petaluma, all of Sonoma County, etc.):

Description of Interest (In a few sentences please describe why you are interested in joining the CoC and if there are any specific homeless subpopulations that you and/or your organization possess specialized content knowledge):

Affiliations: The Sonoma County 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.

Categories	Mark all that apply	Categories	Mark all that apply
Advocate(s)		Legal Aid Services	
Affordable Housing Developer(s)		Local Government Staff/Officials	
Agencies that serve survivors of human trafficking		Local Jail(s)/Department of Corrections & Rehabilitations	
Business		Mental Health Service Organizations	
Department of Human Services		Public Housing Authority	
Disability Services		School Administrators/Homeless Liaisons	
Domestic Violence Service Provider		Street Outreach Team(s)	
Elected Official		Substance Abuse Service Organizations	
EMT/Crisis Response Team(s)		University	
Faith-Based Organization		Utility Companies	
Government Entity		Veterans Organizations	
Homeless or Formerly Homeless Persons		Workforce Development/Employment Service Provider	
Homeless Organization		Youth Advocates	
Hospital(s) & Health Care providers		Youth Homeless Organizations	
Law Enforcement		Other: <i>Please specify</i> _____	

Thank you for your interest in being a member of the Sonoma County Continuum of Care, and making a difference in the lives of people who experience homelessness in our community!