

**APPLICATION**

**Open Positions for Persons with Lived Experience (PWLE)**

*Particular Areas of Interest: Homelessness, HIV/AIDS,*

*Domestic Violence, and/or a Physical or Mental Disability*

Collaborative Solutions, a national 501(c)(3) nonprofit organization, believes that all individuals have the right to adequate, affordable, and accessible housing. We are a consulting firm that works to impact the system of supportive and affordable housing to ensure that those experiencing vulnerable circumstances have a place to call home and are connected to healthcare and services. We believe that those who have experienced a vulnerable situation (such as homelessness, HIV/AIDS, domestic violence, and/or a physical or mental disability) are best able to identify solutions to shape the work needed and create long-term, sustainable improvements.

CS would like to engage and hire persons with lived experience (PWLE) to use the knowledge gained from their personal experiences to help identify problems/issues within existing systems, share their real-world experience as a way to shed light on the realities experienced, develop new ideas, and more in exchange for financial compensation.

The work opportunities offered will allow you to work online and/or in-person as needed.

**Who qualifies?**

Persons with lived experience of homelessness, HIV/AIDS, domestic violence, and/or a physical or mental disability. If interested, please use the application below to apply.

**Financial Compensation:**

Compensation is competitive and based on equitable compensation best practices. If hired, you will be paid as a “consultant.” A W-9 form will need to be completed and reported as income on your taxes.

If you are willing to travel, your travel expenses will be covered in addition to the agreed upon hourly rate.

Work opportunities will be in the form of meetings, public speaking engagements, presentations, webinars, conferences, and/or panel members based on your level of comfort and as opportunities become available.

If interested, please complete the information below and send it to:

consulting@collaborative-solutions.net

**Contact Information**: Provide your contact information below.

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

Title: Consultant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personnel Information**

*Note: Your safety and privacy are important to us. Applicants do not need to share any information or details that make you feel uncomfortable, nor should you share any information that places you or others in harm’s way. All information provided is confidential and will not be shared without your written consent.*

**Resume**

Do you have a resume? \_\_\_\_ Yes. A copy is included.

 \_\_\_\_ No. I would like to request help in preparing a resume.

Please check all of the statements that apply to you:

[ ]  I have Internet access.

[ ]  If selected, I may need assistance with Internet access.

[ ]  I have access to a computer.

[ ]  If selected, I may need assistance with accessing a computer.

**“My Story”**

1. At this point in your life, how does your personal journey allow you to help others navigate various agencies and systems designed to serve those in vulnerable housing situations?
2. Describe the ways you could help with planning, problem-solving, identifying solutions, and making a difference in the lives of others going through a similar situation.

|  |
| --- |
|  |

**Certifications**

The undersigned certifies that the information included in this application and attachments in support hereof is true, correct, and complete to the best of his/her knowledge and belief. The undersigned authorizes CS to contact the clients referenced herein to obtain performance information for the purpose of evaluating this application.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_