HPAC	
Yolo County Continuum of Care	

HPAC Board Membership Application

Thank you for your interest in serving as a member of the Yolo County Continuum of Care (CoC) Board. By serving on the Board, you will be contributing to ending homelessness in Yolo County. Completing this form will help you understand the skills and time/resource commitments of this leadership position. Please return the completed application to both londell@yolohpac.org **AND** trevor@yolohpac.org. The CoC's Nomination Committee will use the application to identify and evaluate potential board candidates. Current Board members elect all new directors by a majority vote.

Board Roles, Responsibilities, and Expectations:

- Serve as a representative of HPAC and act in the best interest of HPAC to uphold its mission and principles.
- Serve a minimum of one term. Eligible to serve two terms if re-elected. The initial board will be randomly assigned to either a 2 or 3 year term (half of each). Subsequent terms are 3 years.
- Attend at least 9 of 12 meetings each year and participate regularly on at least one standing committee. Total time commitment is approximately 6 hours per month.
- Consider recommendations from the general membership on matters related to homeless service related policies, programs, and funding.
- Review, revise, and approve CoC system-wide policies and procedures.
- Review annual performance standards and evaluate outcomes for system performance.
- Participate in planning and implementing the Shelter and Unsheltered Point-in-Tme Count, Housing Inventory Chart Count, and Gap Analysis.
- Cultivate and maintain a working knowledge of committee matters, be prepared for meetings, and review comments on minutes and reports.
- Help communicate and promote HPAC's mission and programs to the community.
- Develop, follow, and update annually a governance charter.
- Ensure that the CoC has designated and is operating the HMIS system.
- Financial management, including adoption and oversight of the annual budget.

CANDIDATE INFORMATION

Name:		
Agency Name (if applicable):_		
Phone:	Email:	
What is your connection to Yo	lo County? (exampleI have lived/worke	d in Yolo County for 15 years):
serving homeless subpopulation	nat the Board be representative of the rel ons. Please select the category that bes on or special subpopulation do you repre	t defines you or your agency
 □ Law Enforcement □ Local Jurisdictions □ Healthcare Services □ Mental Health Services □ Veterans Services □ Education 	 ☐ Youth (18-24) ☐ Victims Services Provider ☐ Legal Assistance ☐ Affordable Housing Developers ☐ Substance Use Recovery ☐ Faith Based Organization 	 □ Public Housing Agency □ Families with Children □ Homeless/Formerly Homeless □ Business □ Other (please specify)

Provider	☐ Social Services Provider
Briefly describe your role serving the	subpopulations identified on the previous page.
Please provide the mission statemer interest in joining the CoC Board.	nt of the agency/organization, or for individuals, explain your
Describe the agency's/organization's	s, or your personal experience, working to end homelessness.
If selected, describe three areas whe	ere you could contribute to the success of the CoC.
standing committee meeting, with a t	nthly board meetings and participate in at least one monthly time commitment of approximately six hours per month. Please rces you can provide to support the work of the CoC.
What do you believe are the two mos County? What could the CoC Board	st significant challenges in addressing homelessness in Yolo do to address these challenges?
Please discuss any organizational co should you be selected as a Board n	onflicts that would interfere with your duty to of loyalty to HPAC nember.
Statement of Commitment:	

By my signature below, if nominated and elected to the CoC Board, I understand that I will attend the CoC Board meetings and participate regularly in one standing committee. I will collaboratively participate at each meeting.	
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Signature: Date:
