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| **FLINT/GENESEE COUNTY COC GOVERNANCE COUNCIL APPLICATION** | | |
| Applicant Name: | | |
| Title (and Agency/Organization if working for or representing agency/organization): | | |
| E-mail: | | |
| Preferred Phone: | | |
| Address: | | |
| City: | State: | Zip Code: |
|  | | |
| Are you affiliated with an agency/organization that is currently active with the Genesee County/City of Flint CoC?  Yes  No  Unknown  If yes, indicate your relationship with the agency/organization:  Board member  Contractor  Employee  Volunteer  Service User  Other  If other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| Please indicate the sector you represent:  Social Services  Health  Housing  Business  Youth  Philanthropy  Public Sector  Person with Lived Experience  Other  If other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| Please describe relevant experience or expertise that you bring to the Flint/Genesee County CoC Governing Council: | | |
| Please describe other community organizations/initiatives you are involved in, noting areas that may offer opportunities for positive collaboration: | | |
| Where do you think you could make the greatest contribution as a Governance Council member? | | |
| What else would you like the Genesee County/City of Flint CoC Membership to know about you? | | |
| **NEXT STEPS** | | |
| * Please submit this application to GovernanceNominations2019@gmail.com, by close of business on Friday, October 18. * Your application will be reviewed by the Governance Work Group. A member may contact you to talk about some aspect of the CoC or the nominating process. * Unless otherwise notified, your application will be voted on by the Genesee County/City of Flint CoC membership on November 13. * Unless otherwise notified, you will be notified of the decision by November 15. | | |