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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: |
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| Are you affiliated with an agency/organization that is currently active with the Genesee County/City of Flint CoC?[ ]  Yes [ ]  No [ ]  UnknownIf yes, indicate your relationship with the agency/organization:[ ]  Board member [ ]  Contractor [ ]  Employee [ ]  Volunteer [ ]  Service User [ ]  OtherIf other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Please indicate the sector you represent: [ ]  Social Services [ ]  Health [ ]  Housing [ ]  Business [ ]  Youth  [ ]  Philanthropy [ ]  Public Sector [ ]  Person with Lived Experience [ ]  OtherIf 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.
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