



San Bernardino City and County Continuum of Care Governance Board Member Application and Nomination Form

Thank you for your interest in serving on the Board of Directors for the San Bernardino Continuum of Care (SB CoC) also known as the Interagency Council on Homelessness (ICH).

The CoC Board (aka ICH Board) represents the CoC membership by guiding efforts to ensure community-wide commitment to preventing and ending homelessness. The CoC Board will serve as the primary decision-making body for the SB CoC. To this end, the CoC Board will approve and oversee policy and direction in accordance with the responsibilities delegated to it by the CoC membership.

The CoC Board is composed of no less than 17 and not more than 21 members, consisting of 19 voting seats and two (2) non-voting seats. Seats will be held by members representing service providers, local investors, government, consumers, and other community stakeholders whose interests and experiences relate to homeless services and housing systems within the geographic boundaries of the SB CoC.

The full list of board composition, duties, and responsibilities can be found in the [San Bernardino City and County Governance Charter, Chapter 3: CoC Board](#).

Please submit the completed **Board Member Application and Nomination Form and the required attachments** listed below, **no later than 5 PM PT October 21, 2024**, to:

Office of Homeless Services
Attn: CoC Board Application / Ruben Mendoza
HomelessRFP@hss.sbcounty.gov or via
560 East Hospitality Lane, Suite 200
San Bernardino, CA. 92408

Please note that this Application and the associated materials will be shared with the Nominating Committee, the CoC Secretary, the CoC Collaborative Applicant and is subject to the rules of public requests for disclosure.

Name: Date of Application:

Phone Number: Email:

Address:

List your current Employers and Titles (Include contract and consultant work):

Company/Organization	Title
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>

Do you have experience with homelessness?

- a. Have you experienced homelessness yourself?
- b. Has a close friend or family member experienced homelessness?



c. Have you volunteered or worked to serve those experiencing homelessness?

List your current and past board service in other organizations:

<u>Organization</u>	<u>City/State</u>	<u>Dates of Service</u>	<u>Officer Positions Held</u>
1.			
2.			
3.			
4.			

Please complete the Board Member Application Matrix

Certifications (check all that apply):

I certify that I have at least two years of experience working or volunteering in the homeless sector or within the SB CoC.

I certify that I have been a participant in at least 3 SB CoC related committees/meetings, one of which was a general CoC membership meeting.

I have and continue to be committed to working to alleviate homelessness within the SB CoC region.

Participant Commitment:

I understand the requirements outlined in the San Bernardino Continuum of Care Governance Charter and agree to abide by them. If I am selected, I will devote the time and resources necessary to complete orientation and become an active member of the Board of Directors. I understand the above commitments and agree to be bound by them in signing this application. I understand that my application (personal contact information redacted) and attachments will be made available to CoC membership as part of the nomination and selection process.

Applicant Signature

Date

Required Attachments:

- Resume/Biographical Summary
- Personal Statement responding to the following prompts (maximum 250 words per question):
 - Please tell us why you want to become a member of the CoC Board?
 - Summarize the perspective(s) that you would bring to the CoC Board?
- ** Note that personal skills, expertise and interests will be captured in the Board Matrix
- Letter of Recommendation from a SB CoC member organization or individual
- Completed Board Matrix