COUNTY OF SAN LUIS OBISPO APPLICATION FOR APPOINTMENT TO A BOARD, COMMISSION, OR COMMITTEE

Date:				
Applying For: Homeless Servic	es Oversight Council (H	HSOC)		
Name:				
Last	First		Middle Initial	
Address:				
Number S	treet	City	Zip Code	
Email Address:				
Home Phone:	В	usiness Phone:		
Place an "X" next to the HSOC	membership category	below which you v	vish to represent:	
County Government Service Providers		Advocates		
Currently or Formerly Homeless Persons		Affordable Housing Developers		
Businesses		Faith-Based Organizations		
Hospitals		Public Safety Organizations		
Nonprofit Homeless Assistance Providers		Behavioral F	Behavioral Health Agencies	
Organizations Serving Homeless Veterans		Housing Aut	Housing Authority	
County Office of Education		Local School	Local School Districts	
Social Service Providers	Social Service Providers		Victim Service Providers	
Other Community Orga	nizations			

Please cite your affiliation, as staff member, board member or volunteer, with any community services agency or organization:

Please describe how you qualify for the HSOC category which you have selected above:

While not necessarily required, knowledge of issues relating to homelessness and/or previous involvement in addressing homelessness are desirable for HSOC members and will be considered by
the selection committee prior to making its recommendations to the Board of Supervisors. Please summarize your experience with the issue of homelessness or with homeless clients:
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Please explain why you would like to serve on the HSOC (attach a separate sheet if necessary):
Please note: It is possible that the selection committee may contact you to ask for additional information if necessary to prepare its recommendations for HSOC membership to the Board of Supervisors.
If appointed, are you willing to participate in the majority of meetings each year and, if necessary, in numerous related meetings of subcommittees? Yes No
Should you be appointed, are you willing, if necessary for that particular body, to file a statement of disclosure as a public official under the standards set forth by the Fair Political Practice Commission? Yes No
Signed Date
OFFICIAL USE ONLY
Date called/interviewed Recommended for appointment? Yes No
Appointee prefers not to have address or phone number(s) published? Yes No
Additional Comments: