

2017 Guilford County Homelessness Continuum of Care Voting Member Application Form

Membership in the Guilford Continuum of Care (CoC) ensures community-wide commitment to preventing and ending homelessness and is open to organizations and individuals representing the entire geographic area covered by the Guilford CoC.

Members must be willing to assist and improve the lives of people who are experiencing homelessness as well as prevent and end the condition of homelessness. New members may join at any time during the year.

There are two levels of membership: non-voting members and voting members.

Non-voting members: Any person who attends at least one meeting per year (July – June) may be considered a non-voting member.

Voting members: In order to become a voting member, a person must attend at least one CoC meeting and complete a Voting Member Application Form. Each application will be reviewed and approved by the Membership Committee and the Secretary of the CoC. Recognition as a voting member of the CoC allows participation in the overall strategy and direction for ending homelessness in Guilford County.

Members of the Continuum of Care will retain their membership and voting status as long as they are in good standing. To remain in good standing, voting members must attend 75% of the regularly scheduled meetings within a calendar year. Attendance at meetings is tracked on an individual basis, not at the agency/organization level. Therefore, for a voting member of an agency/organization to remain in good standing, he or she must attend at least 75% of the meetings.

Name of Organization: _____

Mailing Address: _____

Physical Address: _____

Main Phone Number: _____

Fax Number: _____

Website: _____

Organizational Mission/Business Purpose:

Primary Area Served by Agency: _____

President/Executive Director

Name: _____ **Phone Number:** _____

Email Address: _____

Current Board Chairperson

Name: _____ **Phone Number:** _____

Email Address: _____

Voting Representatives

Each organization may name up to two (2) voting representatives. Only one (1) representative of an agency/organization may cast a vote on each action. In the event that neither representative can attend a duly called meeting, he or she may, with prior notice to the Chair, designate a proxy. Designations of proxies to conduct business should be rare. If a Continuum of Care voting member is unable to routinely conduct business, the agency/organization should seek to assign representation to another individual.

#1 Full Name: _____

Title: _____

Email Address: _____

Phone Number: _____

#2 Full Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Additional Organizational Representatives to Receive Newsletter and Relevant Correspondence (please list Full Name, Title, Email Address, and Phone Number of each).

NOTE: Voting membership also requires execution of Annual Conflict of Interest Disclosure Statement.

GUILFORD COUNTY CONTINUUM OF CARE

CONFLICT OF INTEREST DISCLOSURE POLICY

ACKNOWLEDGMENT AND DISCLOSURE STATEMENT

The undersigned person, who has been appointed or elected to serve the Guilford County Continuum of Care in the capacity reflected below, hereby confirms that the undersigned has read and does understand the Guilford County Continuum of Care's Conflict of Interest Policy as outlined in the Guilford County Continuum of Care Governance Charter and has received a copy of that Charter for present and future reference.

The undersigned agrees to take appropriate action with respect thereto, including initiative in disclosing activities, interests or relationships wherever an actual or potential conflict of interest may exist, and to otherwise comply in all respects with the Conflicts of Interest Policy.

Consistent with the foregoing, the undersigned makes the following disclosure of any and all Interests as defined in the Conflicts of Interest Policy, in accordance with applicable reporting responsibilities (if none, please write "NONE"):

Name: _____

Signature: _____

Position: _____

Date: _____