



HMIS Advisory Committee Membership Application

First and Last Name:	
Affiliated Agency:	Current Position / Title:
Phone Number:	Email Address:

Please select the Standing Seat you'd like to represent (1 Seat per Agency):

- | | |
|--|--|
| <input type="checkbox"/> Continuum of Care (CoC) Agency | <input type="checkbox"/> Haven for Hope |
| <input type="checkbox"/> Emergency Solutions Grant (ESG) Agency | <input type="checkbox"/> City of San Antonio |
| <input type="checkbox"/> Runaway Homeless Youth (RHY) Agency | <input type="checkbox"/> Bexar County |
| <input type="checkbox"/> Supportive Services for Veteran Families (SSVF) Agency | <input type="checkbox"/> Domestic Violence Agency |
| <input type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA) Agency | <input type="checkbox"/> Veteran's Affairs |
| <input type="checkbox"/> Projects for Assistance in Transition from Homelessness (PATH) Agency | <input type="checkbox"/> SARAH Board Member |
| | <input type="checkbox"/> Other Community Partner (Up to 3 Total) |

Why do you want to join the HMIS Advisory Committee?



What specific skills and experience would you bring to this committee?

What role do you currently serve for your organization?

Please list your proxy/alternate if you must miss a committee meeting:

Proxy/Alternate

First and Last Name:

Phone Number:

Email Address:

Please share any other information you think is relevant to the position:



Printed Name of Agency Representative:
Signature of Agency Representative:
Signature of Executive Director/CEO (Required):
Date:

After filling out this form, please print, sign, and scan this form to: contactsarah@sarahhomeless.org.

Your application will be reviewed by the Membership Council during a meeting and submitted to the CoC Board for approval.

This section is for use by SARAH

The CoC Board elects this agency representative to serve as a member of the HMIS Advisory Committee

Name of SARAH Executive Director:	Signature of SARAH Executive Director:
Name of HMIS Advisory Committee Chair:	Signature of HMIS Advisory Committee Chair:
Name of CoC Board President:	Signature of CoC Board President:

Date of Approval: _____