



Coordinated Entry Advisory Committee Membership Application

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| 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"/> Bexar County |
| <input type="checkbox"/> Emergency Solutions Grant (ESG) Agency | <input type="checkbox"/> Public Housing Authority |
| <input type="checkbox"/> Haven for Hope | <input type="checkbox"/> Veteran's Affairs |
| <input type="checkbox"/> SARAH Board Member | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> City of San Antonio | <input type="checkbox"/> Jail |

Why do you want to join the Coordinated Entry Advisory Committee?

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



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What role do you currently serve for your organization?

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

Proxy/Alternate

First and Last Name:

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Phone Number:

Email Address:

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

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Printed Name of Agency Representative:

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| 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@sarahomeless.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 Coordinated Entry Advisory Committee

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| Name of SARAH Executive Director: | Signature of SARAH Executive Director: |
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| Name of Coordinated Entry Advisory Committee Chair: | Signature of Coordinated Entry Advisory Committee Chair: |
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| Name of CoC Board President: | Signature of CoC Board President: |
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Date of Approval: _____