



**APPLICATION FOR APPOINTMENT TO
THE COMMUNITY SYSTEM OF CARE LEADERSHIP**

Please identify the area of interest you would like to represent (select one):

- Permanent Supportive Housing Provider
- Transitional/Rapid Re-Housing Provider
- Emergency Shelter Provider
- Youth Service Provider
- Victims Services Provider
- People who are or have been homeless
- Advocates for people who are homeless

Name of Agency (If applicable): _____

Name of Applicant: Ms. Mr. _____

Residence or Agency Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone: (home) _____ (cell) _____ (business) _____

Email Address: _____

Experience or Special Knowledge Pertaining to Area of Interest: _____

Organization and Community Experience: _____

Do you have any financial or professional interest or association related to this position?

Yes No If yes, please explain. _____

Other information continued from the first page (Optional):

Please list three references with telephone numbers:

	<u>Name</u>	<u>Phone</u>
1.		
2.		
3.		

Applicant Certification: PLEASE READ BEFORE SIGNING

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial of appointment.

I hereby authorize representatives of Stanislaus County, the Collaborative Applicant for the Stanislaus Community System of Care, to contact the references listed, for the purpose of establishing or verifying my qualifications and connection with this application. I understand and acknowledge that such information will be used confidentially and for the purpose of appointment decisions only.

Date: _____ Signature: _____

Please submit application via e-mail or mail to:

Stanislaus Community System of Care
c/o Collaborative Applicant
Attn: Sandra L. Guerra, Confidential Assistant III
Housing and Homeless Division
Stanislaus County Community Service Agency
phone: (209) 558-1555
GuerSa@stancounty.com