



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

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

**\*Current Vacancies**

**BIPOC Advocate\***

Business Community Representative Education

Community Representative Emergency Shelter

Provider

Faith Sector Representative

**Healthcare Provider\***

Homeless Advocate

Housing Authority of Stanislaus County

**Law Enforcement Representative\***

**LGBTQ Advocate\***

Lived Experience 1

Lived Experience 2

Lived Experience 3

Neighborhood Representative - North

Neighborhood Representative - South

**Neighborhood Representative - East\***

**Neighborhood Representative - West\***

Permanent Supportive Housing Provider

**Philanthropy Representative\***

**Senior Service Provider\***

Transitional/Rapid-Rehousing Provider

Veterans Services

Victims Services Provider

Youth Services Provider

Name of Agency (If applicable): \_\_\_\_\_

Name of Applicant: Ms. Mr. \_\_\_\_\_

Residence/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:

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

Yes    No    If yes, please explain.

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Other information continued from the first page (Optional):

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Please list three references with telephone numbers:

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**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 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.**

**File this application with: [CSOC@stancounty.com](mailto:CSOC@stancounty.com)**