



**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 Services Provider*

- Transitional/Rapid-Rehousing Provider
- Veterans Services Provider
- 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:

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:

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