



Racine County CoC/Alliance Board

CoC Leadership Board Application

Mission Statement: The mission of the Racine Continuum of Care is to coordinate organizations in Racine County to prevent and end homelessness.

I understand that as a member of the CoC Leadership Board, I have a legal and ethical responsibility to ensure that the organization does the best work possible in pursuit of its goals. I believe in the purpose and the mission of the organization, and I will act responsibly and prudently as its steward. As part of my responsibilities as a board member:

1. I will promote the organization's work and values to the community, service as a representative of the organization, and act as an ambassador for the agency.
2. I will advocate for our constituencies' needs and values within the organization, speak out for their interests, and on their behalf, hold the organization accountable.
3. I will attend at least 75 percent of board meetings and committee meetings combined for the calendar year. I will be involved in one or more committees as an active participant. If I cannot attend a meeting, I will notify the appropriate personnel to be excused from attendance. I shall not be absent from more than three consecutive board meetings.
4. I will notify board officers and will excuse myself from discussions and votes where I have a conflict of interest.
5. I will stay informed about what is going on in the organization. I will ask questions and request information. I will participate in and take responsibility for making decisions on issues, policies, and other matters. I will speak up if I have questions or concerns.
8. I will work in good faith with staff and other board members as partners toward achievement of our goals.
9. If I do not fulfill these commitments to the organization, I will expect the board president to call me and discuss my responsibilities with me. If I am unable or unwilling to keep my board commitments I may be asked to resign from the Board.



Racine City & County Continuum of Care (WI-502)
c/o HALO
2000 DeKoven Avenue, Unit #1
Racine, WI 53403

APPLICATION for Board Membership

Name (full given name as it appears on your passport or driver's license)

Birth Name or Other Name Previously Used

Preferred name

Address

City

Zip Code

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Home Phone

()

Work Phone

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Cell

Email:

EMPLOYMENT:

Retired: Circle one (Yes) (No)

If employed, place of employment (name and address)

Occupation and current position

COMMUNITY INVOLVEMENT

Board, committee, community, church, or volunteer experience: _____

Expertise, skills, and knowledge that you bring to the board: _____

Why are you interested in board membership? _____

Our mission is to coordinate organizations in Racine County to prevent and end homelessness. Based on your perspective, what changes would you like to see in Racine? _____

CoC has work groups and committees. Once elected to our Board, we ask that you choose from a list of committees from our website. Please indicate below what work group or committee you would be interested in learning more about: _____

The above information is true and correct, and I hereby authorize the CoC and or its agents to make an independent investigation of all public records for the purpose of confirming information contained in this questionnaire / application. By signing this document, I release the CoC from any liability for any opinion(s) it may form or any decision it might make regarding my qualifications to serve on the organization's leadership board.

Name (Printed) _____

Applicant's Signature: _____ Date _____