CoC Executive Committee 2024 Biographical Profile Form

Name:				
Address:				
Telephone: Work:	Work:		Cell/Home:	
Email:				
Relationship to Morris County:	Live □	Work □	Other \square	
Please list any licenses you currently ho	old:			
What skills or expertise could you contr Please include education, license, degre				
Are you currently, or have you been an which receives CoC funding? Yes \Box	employee of No		or a Board Member of an agency	
If yes, please provide details:				
Are you interested in the following sub	committees/	workgroups:		
Community Assistance Services (CAS):	Yes □	No □		
Nominating:	Yes □	No □		
Allocations:	Yes □	No □		
Coordinated Entry:	Yes □	No □		
Data Governance:	Yes □	No □		
Strategic Planning:	Yes □	No □		
Permanent Housing:	Yes \square	No □		
Diversity, Equity, and Inclusion:	Yes \square	No □		
Advisory Board Committee:	Yes □	No □		
Please provide a personal or profession	al reference	(name, phone nu	mber, and email):	
Signature:				