**Salem County Continuum of Care**

MEMBERSHIP APPLICATION FORM

Thank you for your interest in contributing to the Salem County CoC with the gift of yourself! The contribution of CoC members’ time, energy, attention, insights, expertise, and creativity are highly valued. Whether as a representative of an organization and within your role of employment, or as a volunteer community advocate, know that Inquiries for membership are made by persons with generous and compassion hearts for service and a passion for the most vulnerable residents and communities in Salem County.

The Application and Onboarding Process for Salem County CoC is designed to be flexible according to each applicants’ goals for membership and baseline CoC knowledge and experience. Please complete application questions that are most appropriate for you. The three sections of this application include: (1) General Info, (2) Yourself as a Teammate, and (3) Applicant Type Specific. You should only complete one of the three options in the Applicant Type Specific section. Please feel free to adjust your answers and explain anything extra on this application document if questions do not exactly apply to your situation.

If you would like to complete the application over a phone call or in-person please call the Salem County Inter Agency Council of Human Services at 856-935-7510 ext. 8315. Please request accommodations or assistance you may need in applying. You can submit this form via email to [JenniferP@salemcountyiac.org](mailto:JenniferP@salemcountyiac.org) or via physical mail to 98 Market Street, Salem NJ 08079.

**ONE: General Information**

* Name:
* Phone number:
* Email Address:

**TWO: About yourself as a teammate and collaborative partner:**

* Describe your working style in team meetings and on collaborative projects. You can reference the following articles to reflect on this answer:
  + <https://www.niagarainstitute.com/work-styles>
* Identify three of the 34 Clifton Strengths themes that you believe best describe you:
  + <https://www.gallup.com/cliftonstrengths/en/253715/34-cliftonstrengths-themes.aspx>

**THREE: Applicant Type Specific**

* ***If you are a representative of an already-participating organization:***
  1. Organization:
  2. Your Position/Role within the organization:
  3. Date of hire:
  4. Length of time living in and/or serving Salem County:
  5. Direct Supervisor name, title, phone number, and email address:
  6. List all other staff also representing your organization on the Salem County CoC:
  7. If you are replacing a representative who will no longer be representing this organization on the Salem County CoC, please provide that person’s name:
  8. Committees: Are you replacing a former representative on a committee(s)? If so, which one(s)? Which committees do you and/or your Supervisor intend for you to serve on or believe you will be a good fit for?
  9. Which meetings do you commit to attending and at what frequency?
  10. Describe your knowledge and experience with the Continuum of Care program
  11. Even though you are representing an organization, do you have lived experience of homelessness you’d like to share and for which you should be recognized for having insight:
* ***If you are a representative of an organization that is not already participating in the Salem County CoC:***
  1. Organization:
  2. Your Position/Role within the organization:
  3. Date of hire:
  4. Length of time living in and/or serving Salem County:
  5. Direct Supervisor name, title, phone number, and email address:
  6. Which areas of focus best describes your organization’s mission and scope of services. You may select more than one:

|  |  |  |
| --- | --- | --- |
| Law Enforcement | Domestic Violence/Human Trafficking | Disabilities |
| EMS/Crisis Response | Housing Developer Team/Affordable Housing | Outreach |
| Jails/Reentry | Housing-Specific Service Agency | Mental Health |
| Substance Abuse | School/Education Sector | Food Pantry |
| School/Education | Local Government/Officials | Utility Assistance |
| Family Success Center | Public Housing Authority | Other, describe |
| Veterans | Families with Children | Seniors |

* 1. Organization geographical service territory:
  2. Organization website:
  3. Describe your knowledge and experience with the Continuum of Care program
  4. Does your organization enter information into HMIS?
  5. Describe your intention for how you will participate in the Salem County CoC?
  6. Which meetings do you commit to attending and at what frequency?
  7. Are you or your Executive- Level leadership interested in serving on the Governing Board?
     1. Which Committees do you and/or your Supervisor intend for you to serve on or believe you will be a good fit for
     2. How will participating on the CoC support your work and how can you support the success, planning, and development of the CoC?
  8. Even though you are representing an organization, do you have lived experience of homelessness you’d like to share and for which you should be recognized for having insight:
* ***If you are applying as a volunteer person with lived experience of homelessness*** 
  1. Describe your current status: Are you currently experiencing homelessness? Are you currently in transition/transient, staying with family and friends or a hotel/motel? Or you are safely secured in permanent housing and formerly experienced homelessness?
  2. Briefly describe your experience of homelessness? Length of time, places you traveled, causes, efforts to seek help, barriers and complications you encountered.
  3. Are you willing and comfortable to serve in an advisory role and voting position to ensure CoC decision making and planning is informed by the insights, lessons, and wisdom of your lived experience, which will involve identifying yourself within the CoC working group as a person with lived experience of homelessness?
  4. How willing and comfortable are you to talk publicly within the CoC activities about your lived experience of homelessness?
  5. Which Committees are of interest to you?
  6. Which meetings do you commit to attending and at what frequency?
  7. What assistance do you anticipate needing to be able to attend and participate in virtual and/or in-person meetings? Internet, phone, transportation, childcare, etc:
  8. How did you hear about the CoC and what inspires you to participate?

**Is there anything additional you’d like to share?**

**THANK YOU!**