**Application**

**for Individual**

**Membership**

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | |
| Or | | | | | | |
| Name:Click or tap here to enter text. | | | | | | |
| Address: | | Click or tap here to enter text. | | | | |
| City and Zip Code: | | Click or tap here to enter text. | Fax:Click or tap here to enter text. |  | Phone:Click or tap here to enter text. | | |
| E-mail: | | Click or tap here to enter text. |
| **Interest in the Summit County Continuum of Care** | | | | | |
| Click or tap here to enter text. | | | | | | |
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| **Professional Experience** |

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| **Areas of Expertise** |

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| Accounting  Administration  Board Development  Community Relations  Fundraising  Grant Writing  Homelessness  Human Resources  Legal/Courts  Marketing  Mental Health  Program Development  Counseling/Therapy  Substance Abuse  12 Step Programs  Other (please specify) Click or tap here to enter text. |

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| **Organizational Experience** | |
| Nonprofit  For Profit  Government  Education  Business  Law Enforcement  Or | |
| Other: Click or tap here to enter text. | |
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| Board Experience and/or Certifications and Licensures | | |
| Please list any boards, committees, or other groups that you have served on or participated in within the past two years. | |
|  | |
| Name: Click or tap here to enter text. Position: Click or tap here to enter text. | |
| Dates: From Click or tap to enter a date. To Click or tap to enter a date. | |
|  | |
| Name: Click or tap here to enter text. Position: Click or tap here to enter text. | |
| Dates: From Click or tap to enter a date. To Click or tap to enter a date. | |
|  | |
| Licensure(s): Click or tap here to enter text. | |
| Certification(s): Click or tap here to enter text. | |
| Other: Click or tap here to enter text. | |

*The information contained on this form is intended for the sole use of the Summit County Continuum of Care and will be handled with the strictest confidence, including not releasing personal information to any other source(s) without your written consent.*

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Executive Director Date

Submit application via email to: Marquetta Boddie, Executive Director

[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)

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| ***For SCCoC Use Only*** |

Comments:

\_\_\_\_\_ Application Accepted \_\_\_\_\_ Application Denied

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Executive Director Date