

Summit County Continuum of Care BOARD MEMBER SURVEY

Please use this survey to sign up for one or more Strategic Plan Implementation Work Groups for the Summit County CoC.

The respondent's email (**wilson.paulfrancis@gmail.com**) was recorded on submission of this form.

Email *

wilson.paulfrancis@gmail.com

First Name *

fran

Last Name *

wilson

Title (if applicable)

Organization Affiliation (if applicable)

Work Group Sign-Up

Select one or more Work Groups below that you would like to participate on, including receiving * meeting invitations and communications.

- ☒ Prevention-Stabilization Work Group
- ☐ Crisis Response Work Group
- ☐ Rehousing Work Group
- ☐ Backbone Work Group (Governance/Management, Coordinated Entry, Landlord Engagement)

THANK YOU!

This form was created inside of Tom Albanese Consulting, LLC.

Google Forms

Summit County Continuum of Care BOARD MEMBER SURVEY

Please use this survey to sign up for one or more Strategic Plan Implementation Work Groups for the Summit County CoC.

The respondent's email (**zoe.wrisley@akronohio.gov**) was recorded on submission of this form.

Email *

zoe.wrisley@akronohio.gov

First Name *

Zoe

Last Name *

Wrisley

Title (if applicable)

Civic Designer

Organization Affiliation (if applicable)

City of Akron

Work Group Sign-Up

Select one or more Work Groups below that you would like to participate on, including receiving * meeting invitations and communications.

- ☒ Prevention-Stabilization Work Group
- ☐ Crisis Response Work Group
- ☒ Rehousing Work Group
- ☒ Backbone Work Group (Governance/Management, Coordinated Entry, Landlord Engagement)

THANK YOU!

This form was created inside of Tom Albanese Consulting, LLC.

Google Forms

Summit County Continuum of Care BOARD MEMBER SURVEY

Please use this survey to sign up for one or more Strategic Plan Implementation Work Groups for the Summit County CoC.

The respondent's email (**dkirimi@capathwayshub.org**) was recorded on submission of this form.

Email *

dkirimi@capathwayshub.org

First Name *

Dennis

Last Name *

Kirimi

Title (if applicable)

Hub Director

Organization Affiliation (if applicable)

Community Action Akron Summit

Work Group Sign-Up

Select one or more Work Groups below that you would like to participate on, including receiving * meeting invitations and communications.

- ☒ Prevention-Stabilization Work Group
- ☐ Crisis Response Work Group
- ☐ Rehousing Work Group
- ☐ Backbone Work Group (Governance/Management, Coordinated Entry, Landlord Engagement)

THANK YOU!

This form was created inside of Tom Albanese Consulting, LLC.

Google Forms

Summit County Continuum of Care BOARD MEMBER SURVEY

Please use this survey to sign up for one or more Strategic Plan Implementation Work Groups for the Summit County CoC.

The respondent's email (**blacy@uwsummitmedina.org**) was recorded on submission of this form.

Email *

blacy@uwsummitmedina.org

First Name *

Bridget

Last Name *

Lacy

Title (if applicable)

Director Family Stability

Organization Affiliation (if applicable)

UWSM

Work Group Sign-Up

Select one or more Work Groups below that you would like to participate on, including receiving * meeting invitations and communications.

- ☒ Prevention-Stabilization Work Group
- ☐ Crisis Response Work Group
- ☐ Rehousing Work Group
- ☐ Backbone Work Group (Governance/Management, Coordinated Entry, Landlord Engagement)

THANK YOU!

This form was created inside of Tom Albanese Consulting, LLC.

Google Forms