

Strong branches make a strong community!

Summit County Continuum of Care (SCCoC)

a collaboration of agencies working together for the homeless

Board of Directors Application Form

Thank you for your interest in joining The Summit County CoC Board of Directors. Use this form to provide useful information about yourself and to ensure the best match between you and The SCCoC. Please attach your resume to this application before returning. Note that this information will be shared.

Your Name:		-
Your Home Phone Number:	_Cell Number:	-
Your Home Address:		
		-
Your Email (Please write it legibly):		
Briefly describe why you'd like to join The SCCoC	Board of Directors:	
		-
		-
		-
		-
		-
		-
Please list your current organizational affiliations	(names of the organizations and	your role/s):
1		
2		
3		



Wł	nich of your skills would you	ı like to utilize on the Board? C	heck all that apply:
	Board development Strategic planning Staffing / HR Program development	☐ Financial management☐ Fundraising☐ Evaluation☐ Community networking	□ Training□ Marketing□ Volunteer management□ Facilities management
Otl	her skills of yours that you v	vould like to utilize?	
	<i>,</i>	t of your participation on the S interests to cultivate for you, e	
att		ou agree that you can provide a mittee meetings, and that you e Board.	
Υοι	ur Signature:	Date:	
	rou are not selected as a me e to be a volunteer for the S		f you decide not to join, would you
	Yes	□ No	

Please Attach a copy of your resume with the application for consideration.