Summit County Continuum of Care (SCCoC)

a collaboration of agencies working together for the homeless

Each person is a branch of strength within the community. Strong branches make a strong community!

Application for Individual Membership

Applicant Information

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.

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E-mail:	Click or tap here to enter text.

Interest in the Summit County Continuum of Care

Click or tap here to enter text.

Areas of Expertise

☐ 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.			

Organizational Experience

☐ Nonprofit ☐ For Profit ☐ Government ☐ Education ☐ Business ☐ Law Enforcement

Other: Click or tap here to enter text.

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.

_____ _____
Executive Director Date

Submit application via email to: Judy Hanna, QA/Compliance Officer
jhanna@summitcoc.org

For SCCoC Use Only

Comments:

_____Application Accepted _____ Application Denied

_____ _____
Executive Director Date