

## The Partnership to Prevent & End Homelessness in the City of Alexandria

### Membership Type Requested

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Individual</b>                                       | <input type="checkbox"/> <b>Public Organization/Agency</b> | <input type="checkbox"/> <b>Private Organization/Agency</b> |
| <input type="checkbox"/> <b>Current/Former Consumer</b>                          |  | <input type="checkbox"/> <b>Non-Profit</b>                  |
| <input type="checkbox"/> <b>Community Resident</b>                               |  | <input type="checkbox"/> <b>For-Profit</b>                  |
| <input type="checkbox"/> <b>Other:</b> <a href="#">Click here to enter text.</a> |  |   |

### Applicant Information

**Name:**

**Phone:**

**E-mail:**

**Fax:**

**Website:**

**Address:**

**City:**

**State:**

**ZIP Code:**

**What is your primary reason for joining *The Partnership*?:**

**What education, experience, talents, expertise and/or resources do you bring to *The Partnership*?:**

### Organization/Agency Information (If applicable)

**Organization/Agency Name:**

**Brief Organization/Agency Description:**

**Your Organization/Agency Title:**

**Brief Description of Primary Role & Responsibilities:**

**How does the organization/agency mission contribute to the Strategic Plan to Prevent & Homelessness?:**

### Your Contribution(s) Offered to The Partnership (Check ALL that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Attend Core Governing Board/Work Group Meeting            | <input type="checkbox"/> Participate in Program Evaluation                |
| <input type="checkbox"/> Contribute to Issue-Related Work Group/Subcommittee       | <input type="checkbox"/> Provide Meeting Space                            |
| <input type="checkbox"/> Financially Support Partnership Activities                | <input type="checkbox"/> Conduct Training                                 |
| <input type="checkbox"/> Participate in Data Collection & Analysis                 | <input type="checkbox"/> Provide Advocacy Testimony                       |
| <input type="checkbox"/> Participate in Advocacy Efforts                           | <input type="checkbox"/> Provide Public Relations Expertise               |
| <input type="checkbox"/> Provide Personal Consumer Knowledge & Experience          | <input type="checkbox"/> Compose/Review/Proofread/Edit Documents          |
| <input type="checkbox"/> Sponsor Activities Benefitting Homeless Service Consumers | <input type="checkbox"/> Facilitate Input From Homeless Service Consumers |
| <input type="checkbox"/> Other:  |   |

**I understand that my submitting this request I am committing to three (3) hours of Partnership work per month and to attend a minimum of 75% of meetings annually.**

Signature of Applicant:

Date:

**FOR PARTNERSHIP GOVERNING BOARD USE ONLY**

**Fundamental Component(s) (Check ALL that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Prevention Service & Assistance | <input type="checkbox"/> Permanent Affordable Housing          |
| <input type="checkbox"/> Outreach & Assessment           | <input type="checkbox"/> Permanent Supportive Housing          |
| <input type="checkbox"/> Emergency Shelter               | <input type="checkbox"/> Supportive Services                   |
| <input type="checkbox"/> Transitional Housing            | <input type="checkbox"/> Community Resource Linkage & Referral |

**Stakeholder Descriptor(s) (Check ALL that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> <u>Directly Aligned with Strategic Plan Mission</u><br><input type="checkbox"/> Homeless Service Provider<br><input type="checkbox"/> Current or Former Consumer/Homeless Person<br><input type="checkbox"/> Homeless Advocate   | <input type="checkbox"/> <u>Mainstream Agencies</u><br><input type="checkbox"/> Substance Abuse Treatment Agency<br><input type="checkbox"/> Veteran Service Agency<br><input type="checkbox"/> Agency Representing Special Needs Populations<br><input type="checkbox"/> Local Employment & Training Agency  |
| <input type="checkbox"/> <u>Access to Resources</u><br><input type="checkbox"/> College or Vocational Education Institution<br><input type="checkbox"/> Financial Institution (Bank/Credit Union/Mortgage Company)<br><input type="checkbox"/> Public/Private School (K-12)<br><input type="checkbox"/> Faith-Based Organization/Religious Group<br><input type="checkbox"/> Hospital/Medical Clinic/Healthcare Agency<br><input type="checkbox"/> Police/Law Enforcement<br><input type="checkbox"/> Prison/Jail/correctional Facility Representative<br><input type="checkbox"/> Local or State Social Services Representative (e.g., Adult Services, Benefits Programs, Child Welfare, etc.)<br><input type="checkbox"/> Other Private Business<br><input type="checkbox"/> Other: | <input type="checkbox"/> <u>Mainstream Housing Services</u><br><input type="checkbox"/> Public Housing Agency Representative<br><input type="checkbox"/> Non-Profit Housing Developer<br><input type="checkbox"/> For-Profit Housing Developer<br><input type="checkbox"/> City Housing & Finance Representative<br><input type="checkbox"/> Property Management/Landlord Group |

**Governing Board Decision**

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> <b>Approved</b>              | <b>Date Reviewed:</b> |
| <input type="checkbox"/> <b>Governing Board</b>       |                       |
| <input type="checkbox"/> <b>Interagency Workgroup</b> |                       |
| <input type="checkbox"/> <b>Not Approved</b>          |                       |
| <b>Reason:</b>  |                       |

**Comments:**

**Governing Board Chair Name:**

**Governing Board Chair Signature:**

**Date:**