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

**Membership Type Requested**
- Individual
- Public Organization/Agency
- Private Organization/Agency
  - Non-Profit
  - For-Profit
- Current/Former Consumer
- Community Resident
- Other: Click here to enter text.

**Applicant Information**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>E-mail:</th>
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<tr>
<th>Fax:</th>
<th>Website:</th>
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<th>Address:</th>
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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)**

<table>
<thead>
<tr>
<th>Organization/Agency Name:</th>
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<thead>
<tr>
<th>Brief Organization/Agency Description:</th>
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Your Organization/Agency Title:

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<tr>
<th>Brief Description of Primary Role &amp; Responsibilities:</th>
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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.)**

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

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.)**

<table>
<thead>
<tr>
<th>Prevention Service &amp; Assistance</th>
<th>Permanent Affordable Housing</th>
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<tr>
<td>Outreach &amp; Assessment</td>
<td>Permanent Supportive Housing</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Supportive Services</td>
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<tr>
<td>Transitional Housing</td>
<td>Community Resource Linkage &amp; Referral</td>
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**Stakeholder Descriptor(s) (Check ALL that apply.)**

- Directly Aligned with Strategic Plan Mission
  - Homeless Service Provider
  - Current or Former Consumer/Homeless Person
  - Homeless Advocate

- Mainstream Agencies
  - Substance Abuse Treatment Agency
  - Veteran Service Agency
  - Agency Representing Special Needs Populations
  - Local Employment & Training Agency

- Access to Resources
  - College or Vocational Education Institution
  - Financial Institution (Bank/Credit Union/Mortgage Company)
  - Public/Private School (K-12)
  - Faith-Based Organization/Religious Group
  - Hospital/Medical Clinic/Healthcare Agency
  - Police/Law Enforcement
  - Prison/Jail/correctional Facility Representative
  - Local or State Social Services Representative (e.g., Adult Services, Benefits Programs, Child Welfare, etc.)
  - Other Private Business
  - Other:

- Mainstream Housing Services
  - Public Housing Agency Representative
  - Non-Profit Housing Developer
  - For-Profit Housing Developer
  - City Housing & Finance Representative
  - Property Management/Landlord Group

**Governing Board Decision**

- Approved
  - Governing Board
  - Interagency Workgroup

- Not Approved
  - Reason:

**Comments:**

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**Governing Board Chair Name:**

**Governing Board Chair Signature:**

**Date:**