

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

Membership Type Requested

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

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

Governing Board Decision

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

Comments:

Governing Board Chair Name:

Governing Board Chair Signature:

Date: