

COUNTY OF SAN LUIS OBISPO  
APPLICATION FOR APPOINTMENT  
TO A BOARD, COMMISSION, OR COMMITTEE

Date: \_\_\_\_\_

Applying For: **Homeless Services Oversight Council (HSOC)**

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle Initial

Address: \_\_\_\_\_  
                    Number                    Street                                    City                                    Zip Code

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place an "X" next to the HSOC membership category below which you wish to represent:

- \_\_\_\_\_ County Government Service Providers (Behavioral Health, Planning, Social Services, Veterans Services, or Probation)
- \_\_\_\_\_ Non-profit Service Providers
- \_\_\_\_\_ Which area(s) of the county does this organization serve? \_\_\_\_\_
- \_\_\_\_\_ Affordable Housing Developers
- \_\_\_\_\_ Local K-12 Academic Institution
- \_\_\_\_\_ Local Businesses/Business Organizations
- \_\_\_\_\_ Law Enforcement
- \_\_\_\_\_ Local Health Provider
- \_\_\_\_\_ Local Faith Community
- \_\_\_\_\_ Interested Community (preferentially with homelessness experience)
- \_\_\_\_\_ Currently or Formerly Homeless Person
- \_\_\_\_\_ Veterans Services Representative
- \_\_\_\_\_ Local University or School of Higher Education
- \_\_\_\_\_ Local Hospital
- \_\_\_\_\_ Victims' Services Representative

Please cite your affiliation, as staff member, board member or volunteer, with any community services agency or organization:

Please describe how you qualify for the HSOC category which you have selected above:

While not necessarily required, knowledge of issues relating to homelessness and/or previous involvement in addressing homelessness are desirable for HSOC members and will be considered by the selection committee prior to making its recommendations to the Board of Supervisors. Please summarize your experience with the issue of homelessness or with homeless clients:

Please explain why you would like to serve on the HSOC (attach a separate sheet if necessary):

**Please note:** It is possible that the selection committee may contact you to ask for additional information if necessary to prepare its recommendations for HSOC membership to the Board of Supervisors.

If appointed, are you willing to participate in the majority of meetings each year and, if necessary, in numerous related meetings of subcommittees? \_\_\_\_\_ Yes \_\_\_\_\_ No

Should you be appointed, are you willing, if necessary for that particular body, to file a statement of disclosure as a public official under the standards set forth by the Fair Political Practice Commission? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Date called/interviewed \_\_\_\_\_ Recommended for appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Appointee prefers not to have address or phone numbers(s) published? \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Comments: