Sonoma County Homeless Coalition Board Committee Application 2025

Committee you would like to serve on (check all that apply):

Coordinated Entry Advisory Committee

Homeless Management Information System (HMIS) Data Committee

Name:

Organization you represent (if applicable):

Are you interested in serving in any of the following roles on a committee? (Check all that apply)

**Chair**  **Vice Chair**  **Secretary**

Do you have lived experience of homelessness?  Yes  No

**If yes, how long ago did you experience homelessness?**

Phone:       Email:

Geographical area or subpopulation(s) represented:

Why do you want to be on this committee and what relevant experience qualifies you to serve?

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

Please email this form to [Jynessa.Lazzaroni@sonoma-county.org](mailto:Jynessa.Lazzaroni@sonoma-county.org) or deliver to Sonoma County Department of Health Services, c/o Ending Homelessness Division Attn: Jynessa Lazzaroni, 1450 Neotomas Avenue, Suite 200, Santa Rosa CA 95405. **Due date March 28th, 2025, by 5:00 p.m.**