

**Greater Kansas City Coalition to End Homelessness**  
Board of Directors Application

PERSONAL INFORMATION	
Name:	
Home Address:	
City, State, Zip:	
Home Phone:	Home E-mail:
Place of Employment:	
Describe your company's business and your role:	
Work Address:	
City, State, Zip:	
Work Phone:	Work Fax:
Work Title:	Work E-mail:
Preferred method of contact: ( <input type="checkbox"/> ) Work ( <input type="checkbox"/> ) Home	
Cellular Phone:	Other Contact Number:

CURRENT/PRIOR VOLUNTEER SERVICE & EXPERIENCE		
Organization	Role/Title	Dates of Service

**Why are you interested in applying for the Greater Kansas City Coalition to End Homelessness Board of Directors?**

**What committee (s) might you be interested in serving on?**

\_\_\_\_\_ **Membership** – work on issues impact coalition members and community-wide homelessness

\_\_\_\_\_ **Data** – includes data management, data collections, and use of data systems

\_\_\_\_\_ **Finance** – work includes fundraising, finances, insurance, other fiscal management of coalition and agency

\_\_\_\_\_ **Services** – programmatic and service issues including initiatives, training, planning

**Based on our by-laws, there are recommendations for assuring that the entire community is represented. Please indicate any that apply to you:**

\_\_\_\_\_ I represent a HUD CoC funded agency

- I represent a non-CoC funded homeless service agency
- I am a homeless or formerly homeless citizen
- I represent a school district
- I represent a non-government funding organization
- I am an elected official
- I am a workforce or human resources professional
- I am a health care advocate or professional
- Other please describe \_\_\_\_\_

**What skills, experience, and interests do you have? (Mark all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Adult education, training        | <input type="checkbox"/> Administration, management    |
| <input type="checkbox"/> Business owner                   | <input type="checkbox"/> Building trades               |
| <input type="checkbox"/> Community networking             | <input type="checkbox"/> Early childhood education     |
| <input type="checkbox"/> Finance, accounting              | <input type="checkbox"/> Fundraising                   |
| <input type="checkbox"/> Grant writing                    | <input type="checkbox"/> Health, safety                |
| <input type="checkbox"/> Information systems, technology  | <input type="checkbox"/> Insurance, risk management    |
| <input type="checkbox"/> Legal                            | <input type="checkbox"/> Mental health/substance abuse |
| <input type="checkbox"/> Employment                       | <input type="checkbox"/> Nonprofit experience          |
| <input type="checkbox"/> Outreach, advocacy               | <input type="checkbox"/> Personnel, human resources    |
| <input type="checkbox"/> Policy development               | <input type="checkbox"/> Program evaluation            |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Marketing, promotions         |
| <input type="checkbox"/> Strategic planning               | <input type="checkbox"/> Volunteer management          |
| <input type="checkbox"/> Other:                           | <input type="checkbox"/> Other:                        |

**Applicant Statement**

I have read & understand the job description of the Board of Directors

I am willing to make a financial contribution

I am willing to commit 4 – 5 hours monthly during my service

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

*Thank you for taking the time to complete this application. Please send it to:*

Greater Kansas City Coalition to End Homelessness

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**Board Nominating Committee use only**

Application received \_\_\_\_\_

Application reviewed \_\_\_\_\_

Action taken \_\_\_\_\_