



COALITION FOR THE HOMELESS ASSOCIATE BOARD APPLICATION

Thank you so much for your interest in the Coalition for the Homeless Associate Board! We typically accept new members in the summer, but because we sometimes have openings at other times, we encourage you to complete this application whenever you are interested. Email completed applications to Natalie Harris, Executive Director, at nharris@louhomeless.org.

The mission of the Coalition for the Homeless is to prevent and end homelessness through advocacy on behalf of homeless people, education of the public about homelessness, and coordination of the community response to homelessness through 30 member agencies. In recent years, our collaborative efforts have led to a 50% decrease in chronic homelessness and an end to homelessness among Louisville's veterans.

The Coalition for the Homeless Associate Board was formed to create a group of young professionals to serve as thoughtful leaders and advisers for the Coalition, as well as to encourage engagement of the larger Louisville community to improve the lives of homeless Louisvillians. Associate Board members will serve two-year renewable terms, with officer terms lasting one year. Membership requires attendance at bi-monthly, hour-long meetings during the workweek (six times a year), attendance at one service event and one awareness event each year, and some form of participation in a fundraiser geared towards young professionals.

Full name: _____ **Birthday:** _____

Employer: _____ **Job title:** _____

Work Email: _____ **Work Phone:** _____

Work Address: _____

Personal Email: _____ **Personal Phone:** _____

Home Address: _____

Why do you want to join the Coalition for the Homeless Associate Board?

What involvement, if any, have you had with the Coalition for the Homeless or with other homeless agencies?

Have you served on any other nonprofit boards or committees? If so, please list those here.



Which of the below skills or experience do you have? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic research | <input type="checkbox"/> Event planning | <input type="checkbox"/> Marketing/communications |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Financial management | <input type="checkbox"/> Nonprofit board |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Nonprofit employee |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Governmental employee | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Awareness of/experience with homeless issues | <input type="checkbox"/> Grantwriting | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Service and volunteering |
| <input type="checkbox"/> Business management | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Community development | <input type="checkbox"/> Human resources | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Community organizing | <input type="checkbox"/> Investments | <input type="checkbox"/> Writing/journalism |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> IT | |
| | <input type="checkbox"/> Law | |

Please list two professional references below.

Reference 1

Name: _____

Job title: _____

Employer: _____

Email: _____

Phone: _____

Relationship to applicant: _____

Reference 2

Name: _____

Job title: _____

Employer: _____

Email: _____

Phone: _____

Relationship to applicant: _____

Participation in the Coalition for the Homeless Associate Board will entail two-year renewable terms, and will require attendance at bi-monthly, hour-long meetings during the workweek (six times a year); attendance at one service event and one awareness event each year; and some form of participation in a fundraiser geared towards young professionals. We understand that conflicts arise from time to time, but it is our hope that the Coalition for the Homeless will become a rewarding priority for you. In turn, we at the Coalition commit to respecting your time and valuing your input. Please sign below to indicate your commitment and ability to meet these requirements.

Name: _____

Signature: _____ Date: _____

Upon completion, please email this application to Natalie Harris at nharris@louhomeless.org. Thanks again for your interest, commitment, and compassion!