

Contra Costa County Health Services
Health Care for the Homeless Co-Applicant Governing Board

Member Application

To the Health Care for the Homeless Program and the Co-Applicant Governing Board:
I hereby apply for a seat on the Health Care for the Homeless Co-Applicant Governing Board.

Please Type or Print

Name _____

Address _____

City _____ Zip _____ Phone _____

Email _____

1. Nature of Employment _____

2. Other areas of expertise/experience/affiliations (e.g. community affairs, local government, finance and banking, other commercial and industrial concerns, social service agencies within the community)

3. Do you work or reside in Contra Costa County? _____ YES _____ NO

4. Have you ever received medical, behavioral, or dental care at a Contra Costa County Health Services (Health Centers, Contra Costa Regional Medical Center, AOD, Mental Health Services, CCHP, etc.)?

_____ YES _____ NO

5. Have you ever helped someone access or use medical, behavioral, or dental care at a Contra Costa County Health Services (Health Centers, Contra Costa Regional Medical Center, AOD, Mental Health Services, CCHP, etc.)?

_____ YES _____ NO

6. Why do you want to become a Board member?

7. Other Board experience?

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8. Additional Information you would like to share with the Board.

Demographics

The following information is mandated by Health Resources and Services Administration (HRSA). CCHS is required to annually report the *de-identified* information to HRSA for funding purposes.

GENDER	
Male	
Female	
Transgender Male/Female-to-Male	
Transgender Female/Male-to-Female	
Gender queer	
Other	
Choose not to disclose	
RACE	
Native Hawaiian	
Other Pacific Islanders	
Asian	
Black/African American	
American Indian/Alaska Native	
White	
More than One Race	
Choose not to disclose	
ETHNICITY	
Hispanic or Latino	
Non-Hispanic or Latino	
Choose not to disclose	

Please read the attached **Board Expectations**. If you become a Board member would you accept the responsibilities of a Board member as outlined in the **Board Expectations**?

_____ YES _____ NO

PRINT NAME _____

SIGNATURE _____

DATE _____