

Kitsap County Continuum of Care Coalition Membership Application and Agreement

Thank you for applying for membership in the Kitsap Continuum of Care Coalition. The Mission of the Coalition is "to provide leadership to end homelessness through planning, coordination among social service providers, advocacy, and education.

The following is the criteria for membership:

1. Member organizations must sign a membership agreement supporting the Continuum of Care Coalition's mission and purpose.
2. Member organizations must agree to actively participate in the Coalition including attendance at 50% or more of the regular monthly meetings.

MEMBER RESPONSIBILITIES

- Speak from your own perspective. Your expertise, values, and professional experience are an important aspect of this group's work on complex issues.
- All ideas are encouraged and welcome. Challenge concepts, not people. Encourage thoughtful disagreement.
- Challenge yourself to see other positions, opportunities and solutions.
- Strive to gather facts and understand opinions, understanding the difference between the two.
- Take individual responsibilities of the collective success of the meeting.
- Do not engage in attacks of any kind.
- Refrain from partisan political or religious proselytizing during meetings.
- Commit to actively participating in the mission of the KCCCC and its projects and committees.
- Select a representative(s) to attend monthly KCCCC meetings.
- Empower that member representative(s) to make decisions on behalf of the member agency, including voting on KCCCC business.

APPLICANT INFORMATION

Name:		
Name of Organization:		
Address:		
City:	State:	ZIP Code:

REPRESENTATIVES

Name:	
Position Title:	
Email:	Phone:

Name:	
Position Title:	
Email:	Phone:

MISSION STATEMENT OF ORGANIZATION

DESCRIBE HOW YOUR ORGANIZATION WORKS WITH THE HOMELESS POPULATION

DESCRIBE HOW YOUR AGENCY WILL PARTNER WITH THE CONTINUUM OF CARE COALITION AND YOUR LEVEL OF PARTICIPATION

DESCRIBE WHAT YOUR AGENCY HOPES TO GAIN FROM MEMBERSHIP IN THE CONTINUUM OF CARE COALITION

SIGNATURE

Signature of Agency Representative	Date
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