



**Board of Directors Application and Nomination Form**

Thank you for your interest in serving on the Board of Directors for the Big Bend Continuum of Care.

The CoC Board shall be broadly based, with representation from all sectors of the community, including but not limited to, individuals experiencing homelessness, homeless service providers, business community, funders, healthcare providers, law enforcement, education system and representatives of government. The CoC Board must be representative of the relevant organizations and projects serving homeless subpopulations and must be representative of the geographic area served by the CoC including Leon, Gadsden, Wakulla, Liberty, Franklin, Jefferson, Madison and Taylor Counties. The CoC Board is a thirty-one (31) member body providing oversight to the homelessness and housing system of care for this 8-county coverage area.

Please return your completed application/nomination form and resume to:  
**Johnna Coleman, Big Bend Continuum of Care, Interim Executive Director**  
 jcoleman@bigbendcoc.org 850-739-5162

<b>Name:</b>	<b>Date of Application:</b>		
<b>Phone Number:</b>	<b>Email:</b>		
<b>Address:</b>			
<b>List your current Employers and Titles (Include contract and consultant work):</b>			
<u>Company/Organization</u>	<u>Title</u>		
1.			
2.			
3.			
<b>How did you hear about BBCoC?</b>			
<b>Do you have experience with homelessness?</b>			
a. Have you experience homelessness yourself?			
b. Has a close friend or family member experienced homelessness?			
c. Have you volunteered or worked to serve those experiencing homelessness?			
<b>List your current and past board service in other organizations:</b>			
<u>Organization</u>	<u>City/State</u>	<u>Dates of Service</u>	<u>Officer Positions Held, if any</u>
1.			
2.			
3.			
4.			
5.			

**Please tell us why you want to become a member of the BBCoC Board?**

**Why do you believe you would be an effective member of the Board of Directors?**

**What skills, expertise and connections can you offer as a BBCoC Board Member?**

**Participant Commitment:**

I understand the requirements outlined in the Big Bend Continuum of Care Governance Charter and agree to abide by them. If I am selected, I will devote the time and resources necessary to complete orientation and become an active member of the Board of Directors. I understand the above commitments and agree to be bound by them in signing this application.

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Applicant Signature

Date