



Lancaster County Homelessness Coalition Steering Committee Application

“A sustained, safe and quality home for all who are experiencing or at risk of homelessness in Lancaster County.”

Date _____
Name _____
Prefix _____ Suffix _____

Employer _____
Job Title _____
Phone _____
Email _____
Mailing Address _____

Does number receive text? Yes No

Identify the sector(s) you most closely associate with (check all that apply).

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Funding | <input type="checkbox"/> Nonprofit |
| <input type="checkbox"/> Business | <input type="checkbox"/> Government | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Education | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Experienced Homelessness | <input type="checkbox"/> Legal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Financial Institution | | |

Do you have 2-4 hours a month to dedicate to the committee’s work? Yes No

List all current professional affiliations, boards, committees, and volunteer positions.

Why are you considering membership to the Steering Committee?

Describe the skills or expertise you bring to the Steering Committee. Be specific and elaborate.

Signature

Please send completed application and current resume to homelesscoalition@lchra.com.

We will follow up to set an interview.

Thank you for your time and continued dedication in supporting the coalition’s mission.