

ALBANY COUNTY COALITION ON HOMELESSNESS (ACCH)

BOARD MEMBERSHIP APPLICATION

“The Board of Directors is primarily responsible for developing a plan for the coordinated implementation of a housing and service system that meets the needs of homeless individuals and families, including an annual point in time count, needs and gaps analysis and targeted goals for system improvement.” (Article V, ACCH Bylaws rev. 2017). In addition to representatives from local organizations, **we strongly encourage homeless and formally homeless persons to submit an application and seek membership on the Board of Directors. Board members can attend meetings in-person or by conference call. Board meetings are currently held at 3pm on the second Thursday of the month, however, the Board will consider what works best for the majority of members on an annual basis.**

Members of the Board serve two-year terms, meet at least eight times a year, are expected to adhere to the ACCH Code of Conduct, and be present and productive through active participation in meetings and committee work.

Members of the Board appoint its own leadership including Co-chairs, Treasurer and Secretary. The Board also oversees standing and ad-hoc committees.

Name of Applicant: _____

Agency/Individual: _____

Position/Title: _____

Contact Phone number: _____ Email: _____

Required: Please state why you want to be considered for an ACCH Board seat (250 word limit):

Optional / Recommended: Please describe any special skills or expertise you possess which may be applicable to ACCH Board membership (250 word limit):

I currently serve or am interested in serving on the following ACCH Committees:

(Please check as many boxes as apply)

Standing Committees per By-laws	I am currently serving on	I am interested in serving on
1. Operations		
2. System Collaboration		
3. NOFA		
4. Strategic Planning		
5. Governance		

Ad Hoc Committees designated by The ACCH Board	I am currently serving	I am interested in serving on
1. Fiscal Advisory		
2. HMIS Advisory		
3. Capital Region Advisory Committee on Youth Homeless		
4. Consumer Advisory		

Signature of Applicant: _____ Date: _____

Please return this form to Maggie Watson at CARES by September 20th, 2018: mwatson@caresny.org

You can also mail this document to CARES:

200 Henry Johnson Blvd, Suite #4 Albany, NY 12210

Upon receipt, forms will be reviewed by the ACCH Governance Committee.