Balance of State Continuum of Care

Board Application

Thank you for your interest in joining the OR-505 Board

Please take a moment to tell us a little about yourself so that we can get to know you better.

Name: _____ Date: _____

County of Residence: _____

Phone Number: _____

Preferred Email Address: _____

Have you ever experienced homelessness? Yes ☐ No ☐ Prefer not to say ☐

Are you a veteran? Yes ☐ No ☐ Prefer not to say ☐

If you are comfortable doing so, please share any experience you have with poverty, food insecurity, or homelessness:

Area of Expertise:

What interests you about the work of the CoC and serving on the CoC Board?

Board members typically spend 2-3 hours each month in their role on the Board. Regular Board meetings are typically the third Thursday of the month from 10 AM – 11 AM. Would this time commitment work with your schedule?

Would there be any potential conflict of interest with you serving on the CoC Board? (Conflicts do not necessarily exclude you from eligibility)

Do you have any particular concerns or considerations about the organization or board membership?

Position applying for: