**Coalition for the Homeless Associate Board Application**

Thank you so much for your interest in the Coalition for the Homeless Associate Board! We typically accept new members in the summer, but because we sometimes have openings at other times, we encourage you to complete this application whenever you are interested.

The mission of the Coalition for the Homeless is to prevent and end homelessness through advocacy on behalf of homeless people, education of the public about homelessness, and coordination of the community response to homelessness through 30 member agencies. In recent years, our collaborative efforts have led to a 50% decrease in chronic homelessness and an end to homelessness among Louisville's veterans.

The Coalition for the Homeless Associate Board was formed to create a group of young professionals to serve as thoughtful leaders and advisers for the Coalition, as well as to encourage engagement of the larger Louisville community to improve the lives of homeless Louisvillians.

**Full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Job title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to join the Coalition for the Homeless Associate Board?

What involvement, if any, have you had with the Coalition for the Homeless or with other homeless agencies?

Have you served on any other nonprofit boards or committees? If so, please list those here.

Which of the below skills or experience do you have? Please check all that apply.

Academic research

Accounting

Administration

Advocacy

Awareness of/experience with homeless issues

Banking

Business management

Community development

Community organizing

Entrepreneurship

Event planning

Financial management

Fundraising

Governmental employee

Grantwriting

Graphic design

Healthcare

Human resources

Investments

IT

Law

Marketing/communications

Nonprofit board

Nonprofit employee

Public speaking

Real estate

Service and volunteering

Social media

Strategic planning

Writing/journalism

Please list two professional references below.

Reference 1

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference 2

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participation in the Coalition for the Homeless Associate Board will entail two-year renewable terms, and will require attendance at monthly, hour-long meetings during the workweek; attendance at one service event and one awareness event each year; and some form of participation in a fundraiser geared towards young professionals. We understand that conflicts arise from time to time, but it is our hope that the Coalition for the Homeless will become a rewarding priority for you. In turn, we at the Coalition commit to respecting your time and valuing your input. Please sign below to indicate your commitment and ability to meet these requirements.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon completion, please email this application to Melissa Kratzer at [mkratzer@louhomeless.org](mailto:mkratzer@louhomeless.org). Questions, call (502) 636-9550 ext. 213. Thanks again for your interest, commitment, and compassion!