

Health Care for the Homeless Network

401 Fifth Avenue, Suite 1000
Seattle, WA 98104

206-263-8422 Fax 206-296-0184
TTY Relay: 711

www.kingcounty.gov/health



Do you work or reside within Seattle/King County? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? <input type="checkbox"/> City of Seattle <input type="checkbox"/> North King County <input type="checkbox"/> South King County <input type="checkbox"/> East King County
Nature of Employment (you may attach a CV/resume if applicable)
Please list any special skills that you think might be relevant.
Please list any other affiliations including non-profits, civic, profession, and social organizations.
Are you related to any current Council member or employee of Public Health – Seattle/King County? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
How did you hear about Health Care for the Homeless Network?
Why do you want to be a member of the Governance Council?
Please read the “Rights and Expectations.” If you become a Council member, would you accept the responsibilities of the position as outlined in the “Rights and Expectations?” <input type="checkbox"/> Yes <input type="checkbox"/> No

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Health Care for the Homeless Network (HCHN)
Governance Council

Rights and Expectations

I understand that as a HCHN Council member I have the following rights:

- a. To be treated with respect and courtesy.
- b. To have my ideas and feedback incorporated into the work and recommendations made by the council.
- c. To learn about the programs, services, and goals of HCHN, and to be provided with any necessary background information I need about HCHN.
- d. To have a contact person at HCHN I can call to ask questions and get information.
- e. To have access to HCHN staff support if barriers arise to my participation.
- f. To receive an incentive for each monthly Council meeting I attend. (consumer reps)

As a member of the HCHN Council I acknowledge the following expectations:

- a. To attend monthly council meetings and call ahead if I am unable to make it.
- b. To help HCHN better identify the health needs of people who are currently or recently homeless.
- c. To assist HCHN in developing programs and policies that address these needs.
- d. To actively engage in HCHN program oversight per the Council bylaws, including reviewing the annual project budget, engaging in long-term strategic planning, and evaluating program activities.
- e. To attempt to reflect the needs of people who are homeless rather than only my own issues.
- f. To participate in periodic forums, focus groups, or other outreach efforts (when I am available) to help HCHN gather the opinions of people who are currently or recently homeless.
- g. To participate at meetings in an appropriate manner (respectful, maintain sobriety or only use prescribed or available substances that would successfully benefit meeting participation, etc)
- h. To contact HCHN if I no longer wish or am able to be on the council.

Please check:

I acknowledge these "Rights and Expectations."

Signature of Applicant

Date

Please note that as there are only a limited number of seats on the Council, not every person who fills out an application form will be asked to serve on the Council. If you have questions, feel free to call or email at any time.

Thank you for your application!