

Health Care for the Homeless Network401 Fifth Avenue, Suite 1000
Seattle, WA 98104**206-263-8422** Fax 206-296-0184
TTY Relay: 711

www.kingcounty.gov/health

**Health Care for the Homeless Network (HCHN)
GOVERNANCE COUNCIL MEMBERSHIP APPLICATION**

Thank you for your interest in membership for the HCHN Governance Council! The Governance Council provides consumer/community oversight and input to HCHN to ensure people who are homeless in Seattle/King County are effectively served by programs.

The Council wishes to make it as easy as possible for you to apply for membership. We will be glad to help you fill out the application form and to answer any questions you may have about what it would be like to serve on the Council. Please call/email us!

Rekha Ravindran	(206) 263-6975	rravindran@kingcounty.gov
John Gilvar, HCHN Program Manager	(206) 369-3489	John.Gilvar@kingcounty.gov

CONTACT INFORMATION

Name	
Date of Birth	
Home Address	
Phone Number	
Email Address	
How can you best be reached on weekdays during the day? (ex. phone, mail, email, etc.)	

DEMOGRAPHIC INFORMATION

Race/Ethnicity	
Gender Identity	
The Governance Council is committed to engaging diverse members. How will you incorporate your unique experiences/perspectives to best reflect the populations served by HCHN?	
**Note: if you are selected as a member, we must report your race, along with the race of all other members, in our federal grant applications	

SKILLS, AFFILIATIONS, AND EXPERIENCE

Please check any area(s) of expertise you bring to the Council (please mark all that apply)	
<input type="checkbox"/> Community Advocacy	<input type="checkbox"/> Private Sector
<input type="checkbox"/> Legal Expertise/Criminal Justice	<input type="checkbox"/> Non-Profit Sector
<input type="checkbox"/> Government	<input type="checkbox"/> Health Care
<input type="checkbox"/> Homeless Advocate	Other:
Have you received HCHN medical or dental services within the past two (2) years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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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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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 a \$30 stipend 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, clean & sober, 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!