**York Region Homelessness Community Board (YRHCB):**

**A Local Organizing/Planning Body to Address Homelessness in York Region**

Email the completed volunteer application form to Suman at **ReachingHome@uwgt.org**by

March 31, 2022**.** Please attach a copy of your resume, if available

**Contact Information**

|  |  |
| --- | --- |
| First Name: |       |
| Last Name: |       |
| Pronouns: |       |
| Address: |       |
| City: |       | Postal Code:       |
| Phone: |       | Cell Phone:       |
|  Email: |       |

**If applicable**

|  |  |
| --- | --- |
| Business/Employer Name: |       |
| Position Title: |       |
| Business/Employer Address: |       |
| City: |       | Postal Code:       |
| Work Phone: |       |
| Work Email: |       |

**Preferred Contact Information:**

Email:

Phone Number:

**Personal Information**

The following information will help us better understand who you are and be better able to ensure members of YRHCB represent a broad cross section of individuals from our community.

1. Have you personally experienced homelessness?

[ ]  Yes [ ]  No

1. Have you been directly impacted by homelessness? (e.g. have been providing support to a family member or friend who are/was homeless or at risk of being homeless)

[ ]  Yes [ ]  No

If yes, please describe briefly.

1. Are you a member of an Equity Seeking Group? (Please see the list below for Equity Seeking Group)

[ ]  Yes [ ]  No

If yes, please identify which Equity Seeking Group you identify with:

* Racialized communities [ ]
* Youth (14 -29 years) [ ]
* LGBTQ2S+ [ ]
* Newcomers [ ]
* Women [ ]
* Person experiencing homelessness [ ]
* Indigenous [ ]
* Person with disability [ ]

Other, please specify:

1. Are you a member of a faith group and/or community?

[ ]  Yes [ ]  No

If yes, name the group or community and/or denomination.

1. Are you from and/or do you have experience/expertise in a service sector or priority population as outlined in the YRHCB Terms of Reference? (*Please see Terms of Reference, section 5.1 for a full list*)

[ ]  Yes [ ]  No

If yes, please identify and provide a brief background.

**General Information**

Please answer the questions briefly in 100-200 words and use bullet points, if required.

1. Why are you interested and what do you hope to gain in being a member of the YRHCB?

1. Why is addressing homelessness in York Region important to you?

1. What specific skills, knowledge and experience related to homelessness will you bring to the YRHCB?

1. What else do we need to know about your application?

**Thank you for applying to volunteer on the YRHCB**

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